



**1803 West Maxwell Ave
Spokane, WA 99201
Clinic/Dental: (509) 483-7535
Counseling: (509) 325-5502
Fax: (509) 482-2794
www.nativeproject.org**



Program Year: _____ - _____

Program: Indian Youth Leadership Camp Team: _____
 Indian Youth Summer Program Team: _____
 Community Wellness

Participant Information (Please print)

Last Name _____ First Name _____

Date of Birth _____ / _____ / _____ Gender: Male Female Other

Race American Indian or Alaskan Native Native Hawaiian or Other Pacific Islander
 Black or African American Asian White Hispanic Other: _____

Tribe _____

School _____ Grade _____

Home Address _____

City _____ State: _____ ZIP _____

Home or work Phone # _____ Mobile Phone # _____

T-shirt Adult Youth Size _____

Emergency Contacts:

Under 18 - see Guardian Info

Name _____ Relationship _____

Home or Work Phone # _____ Mobile Phone # _____

Name _____ Relationship _____

Home or Work Phone # _____ Mobile Phone # _____

Participant Health Information

NATIVE Project Patient? YES NO Do you have medical insurance? YES NO

Insurance Name: _____

Allergies, and reaction

Medication(s)

Health Condition(s)

Behavioral Health Concern(s)

Guardian Information - Complete for youth under the age of 18

Primary Guardian(s) whom Participant lives with:

Name(s) _____ Relationship _____

Emergency Contact? YES NO

Home Phone # _____ Mobile Phone # _____

Work Phone # _____

Secondary Guardian(s), if applicable:

Name(s) _____ Relationship _____

Address _____

City _____ State: _____ ZIP _____

Emergency Contact? YES NO

Home Phone # _____ Mobile Phone # _____

Work Phone # _____

Liability Release

I hereby waive, release, and discharge any and all claims for damages, personal injury or death, or property damages which may hereafter occur to the participant as result of involvement in events associated with the program that I am authorizing for this application. This release is intended to discharge in advance The NATIVE Project, its employees, volunteers and agents, event holders, sponsors and organizers from liability. It is understood that some recreational activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume & authoize those risks for participant's engagement. It is further understood and agreed that this waiver, release and assumption of risk it to be binding on my heirs and assignees.

I certify that the participant is physically fit, has sufficiently prepared or trained for participation in any activities associated with the program, and has not been advised against participation of any kind, by a qualified medical professional. I certify that I have listed any health-related reasons or problems which may preclude or limit participant's engagement in this program.

I understand that health prevention activities and testing may take place, therefore I give permission to such testing, should the participant choose to engage.

Consent for Treatment

I hereby give my consent to have the above participant treated by emergency medical personnel, nurse, physician, or surgeon, in case of sudden illness or injury while participating in the activities. It is understood that The NATIVE Project will provide no medical insurance or coverage for such treatment, and that the cost thereof will be at my expense.

Photo Release

I authorize The NATIVE Project to publish and post participant's photographs, videos, stories or other items hereinafter referred to as "*Materials*" taken during program activities, which includes, but is not limited to: the participant's name, participant's photos, participant's videos for use in publications on NATIVE Project's website and/or social media accounts. I release The NATIVE Project from any expectation of confidentiality, invasion of privacy, infringement of publicity and any other personal or property rights. I consent to the participant's inclusion of said "*Materials*" and will not contest the authorization granted in this release.

Parental Release

I certify that I am the legal guardian of the participant above, and I give consent for my child named to participate in activities, and I execute the above releases on their behalf. I have made arrangements for my child to be excused from their school if NP program activities fall on a school day.

I have read and understood the foregoing liability, release and waiver, consent to treat, photo release and parental release, and I fully agree to all of its terms and conditions. I understand that I have given up substantial rights by signing it, and have signed it freely and voluntarily without any inducement, assurance, or guarantee being made to me and intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Legal Guardian Printed Name: _____

Legal Guardian Signature: _____

Date: _____

Participant's Signature: _____

Date: _____

Indian Youth Leadership Camp 2019

Who? Native American Youth Grades 7th-12th

How Much? A \$30 fee for camp must accompany registration

Where? Silver Lake Bible Camp, Medical Lake, WA

When? April 12-14, 2019

What? A powerful 2.5 day leadership retreat where you will engage in competitive academic and athletic events. Here you will learn to work as a team in order to claim cash prizes, trophies, and a certificate! Create a positive vision for your future. Learn about current and past Native issues; then apply that knowledge to team activities. Gain cultural knowledge through traditional, preventative health and healing activities. The weekend retreat is open to 10 teams of 8. Gather your friends to create a team to register together OR register as an individual & we'll put you on a team! Submit your registration by fax, email, or drop off at the NATIVE Project.

Learn to be a:

"Warrior, Nurturer, Scholar, and Community Activist"

How? Have a parent or guardian fill out the entirety of this form and sign it. Then submit by fax, email, or drop off at the NATIVE Project with your camp registration fee. We must have a completed packet, included with the registration fee:

**NO LATER THAN 4:00 pm
ON FRIDAY, APRIL 5th, 2019**

WHAT TO BRING: Sleeping Bag Pillow Towel Toiletries Warm Clothes Athletic Attire

FIRST 80 YOUTH PARTICIPANTS TO COMPLETELY REGISTER WILL BE ACCEPTED. NO EXCEPTIONS!

DO NOT BRING: Cell Phones Tablets Cigarettes Drugs/Alcohol Laptops Cars

BUS Departure: NATIVE Project at 8:30 am on Friday, April 12th.

BUS Return: NATIVE Project at 1:00 pm on Sunday, April 14th.

More Info? Contact Shedaezha Hodge or Taylor Birdtail at The NATIVE Project

Phone: (509) 325-5502

Email: shodge@nativeproject.org or tbirdtail@nativeproject.org

Along with your individual application, you need to identify the individuals who will be on your team!

(Each team must provide 1 male and 1 female chaperone.)

- | | |
|----------|----------|
| 1) _____ | 2) _____ |
| 3) _____ | 4) _____ |
| 5) _____ | 6) _____ |
| 7) _____ | 8) _____ |

Name of Chaperone/Coach: _____ Phone #: _____

Name of Chaperone/Coach: _____ Phone #: _____

Team Name (optional): _____

All team members are required to compete in the sports events, team knowledge events, essay contest & group exercises. Everyone is a winner during camp. You and your team will demonstrate why everyone is a

The fee is \$30 for camp and must accompany registration.

PRIZES:

1st Place: \$350, trophies, and more

2nd Place: \$240, trophies, and more

3rd Place: \$160, trophies, and more

Contact: Shedaezha Hodge or Taylor Birdtail

The NATIVE Project
1803 W. Maxwell Ave
Spokane, WA 99201
(509) 325-5502

Sponsored By:

The NATIVE Project
Spokane Public Schools Indian Education Program (Title VI)
State of Washington JRA, CJAA Grant, and ICW Grant
Indian Health Services Special Diabetes Program for Indians
Indian Health Services Health Promotions & Disease Prevention
WA State HCA Dedicated Marijuana Grant