



1803 West Maxwell Ave
Spokane, WA 99201
Clinic/Dental: (509) 483-7535
Behavioral Health: (509) 325-5502
Fax: (509) 482-2794
NATIVEProject.org

Program: Indian Youth Summer Program

Program Year: 2022 - 2023

Dates: July 10 through August 4, 2023

Sign-up: Must be a current patient.

Age/Grade: 1st through 8th grade

COVID-19 Vaccination Information*

Received at NATIVE Project? Yes No

Dose 1 Date: _____

Dose 2 Date: _____

Booster Shot Date: _____

**Students must have received the bivalent COVID-19 immunization booster 2 weeks prior to camp date.*

Participant Information (Please Print)

Last Name: _____ First Name: _____

Date of Birth: ____/____/____ How do you identify: Male Female Other

Race: American Indian/Alaska Native Native Hawaiian or Other Pacific Islander
Black or African American Asian White Hispanic Other:

Tribes: _____

School: _____ Grade: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home or Work Phone: _____ Cell Phone: _____

T-shirt Size: Youth Adult Size: _____

Emergency Contacts

Under 18 – See Guardian Information

Name: _____ Relationship: _____

Home or Work Phone: _____ Cell Phone: _____

Name: _____ Relationship: _____

Home or Work Phone: _____ Cell Phone: _____

Participant Health Information

NATIVE Project Information? Yes No Do you have medical insurance? Yes No

Insurance Name: _____

Allergies, and Reactions: _____

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: _____ Relationship: _____

Name: _____ Relationship: _____

Emergency Contact: **Yes** **No** Phone: _____

Work Phone: _____ Cell Phone: _____

Secondary Guardian(s), if applicable:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Emergency Contact: **Yes** **No** Home Phone: _____

Work Phone: _____ Cell 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 NATIVEProject, 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 & authorize 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 activitiesassociated 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 suchtesting, and should the participant choose to engage.

Initial _____

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.

Initial _____

Photo/Media 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 websiteand/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.

Initial _____

Parental Release

I certify that I am the legal guardian of the participant above, and I give consent for my child named to participatein 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.

Initial _____

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 thatI 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.

Initial _____

Legal Guardian Printed Name: _____

Electronic signature: By typing your name below, you understand and agree that this form of electronic signature has the same legal force and effect as a manual signature.

Legal Guardian Signature:

Date:

Participant's Signature:

Date: