



Kenaitze Indian Tribe Cultural Programs Department Yaghanen Youth Programs

P.O. BOX 988
KENAI, ALASKA 99611

(907) 335-7290
(907) 260-3685 FAX

Yaghanen Program Adult Application Oct 2011-Sep 2012

Please complete all portions of this application, making sure all necessary signatures are provided. Please review the Traditional Values. Respect for others and self, a Kenaitze Dena'ina value, is a cornerstone of our programs.

Applicant Information

Name _____

Mailing Address _____ City, State, Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-mail Address _____

Gender: Male Female
Ethnicity: Alaska Native American Indian Caucasian
 Asian/Pacific Islander Black Other/Unknown
Ethnicity is gathered only for statistical purposes and does not preclude participation in programs

Date of Birth _____ Tribal Affiliation _____

Grade: _____ School: _____



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Yaghanen Programs

Please check which program(s) you will be participating in:

Program	Location	Age/Grade	Day(s)	Time	
Aikido	Y.Y.C.	Instructor's Discretion	Monday & Thursday	6:30pm - 8:00pm	<input type="checkbox"/>
Study Hall	Y.Y.C.	All Ages	Monday - Friday	2:30pm - 4:00pm	<input type="checkbox"/>
Healthy Choices	Y.Y.C.	7th - 12th Grade	Tuesday	4:00pm - 5:00pm	<input type="checkbox"/>
Youth Council	Y.Y.C.	9th - 12th Grade	Tuesday	4:30pm - 5:30pm	<input type="checkbox"/>
Del Dummi Drum	Y.Y.C.	6th - 12th Grade	Thursday	4:00pm - 5:00pm	<input type="checkbox"/>
Jabila'ina Dance	Y.Y.C.	All Ages	Thursday	4:30pm - 5:30pm	<input type="checkbox"/>
Junior N.Y.O.	Y.Y.C.	1st - 6th Grade	Monday & Wednesday	4:00pm - 5:30pm	<input type="checkbox"/>
Senior N.Y.O.	Y.Y.C.	7th - 12th Grade	Wednesday & Friday	4:00pm - 5:30pm	<input type="checkbox"/>
Moose Camp	Spirit Lake	9th - 12th Grade	October 8 & 9, 2011		<input type="checkbox"/>
Fish Camp	Spirit Lake	6th - 8th Grade	Summer 2012	To Be Announced	<input type="checkbox"/>
Susten Camp I	Y.Y.C.	9th - 12th Grade	Summer 2012	To Be Announced	<input type="checkbox"/>
Susten Camp II	Y.Y.C.	9th - 12th Grade	Summer 2012	To Be Announced	<input type="checkbox"/>

Did you participate in Yaghanen programs during the last school year? Yes No

Transportation

- I will need to be picked up at my school and transported to the program(s) checked above.
 Kenai Central High Kenai Middle Mtn. View El. KIT Early Childhood Center
- I will need to be transported to the designated meeting point in Kenai after each day's programs.

Soldotna/Nikiski residents will need to make travel arrangements to and from the Yaghanen Program activities.



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Emergency Contacts

In the event of an emergency during, or at the end of Yaghanen Program activities, Kenaitze Indian Tribe staff are authorized to contact the following persons.

1st Emergency Contact

Relationship (i.e., parent, grandparent, aunt/uncle, etc.)

Home Phone

Work Phone

Cell Phone

2nd Emergency Contact

Relationship (i.e., parent, grandparent, aunt/uncle, etc.)

Home Phone

Work Phone

Cell Phone

3rd Emergency Contact

Relationship (i.e., parent, grandparent, aunt/uncle, etc.)

Home Phone

Work Phone

Cell Phone

4th Emergency Contact

Relationship (i.e., parent, grandparent, aunt/uncle, etc.)

Home Phone

Work Phone

Cell Phone



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Medical Information

Please check any of the following conditions that you are known to experience*:

- Asthma Diabetes Headaches Muscle Pains/Cramps
 Allergies
 Other

***If you marked any of the above items, please explain conditions, medications and treatments in the space below:**

Do you have any special needs, academic or physical, that may require modification or an adaptation of instruction or planned activities?

- No Yes

If you marked Yes above, please explain in the space below:



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Agreement to Participate:

I, _____ hereby agree to participate in the Kenaitze Indian Tribe's Yaghanen Youth Programs. I understand that the Kenaitze Indian Tribe may use any and all photographs, audio and/or video that may contain my voice, image, likeness and/or images and likeness for educational, promotional, and informative purposes.

I understand that program participation may terminate at my request or the request of Yaghanen program staff for disciplinary reasons or misconduct. I understand that I will be responsible for all costs associated with a termination including return trip expenses.

In addition to the Application, all youth over 18 years of age or adults participating in any Yaghanen Youth activities or programs must provide a signed **Release of Liability Form** prior to the beginning of any Kenaitze Indian Tribe Yaghanen Youth Programs. Any individual without a signed Release of Liability Form will not be allowed to participate in Yaghanen Youth activities until the form has been provided to Yaghanen staff.

Participant Signature

Date

Agreement and Consent for Treatment

To the best of my knowledge, I am in good health and have no illness, communicable disease, or physical disability that will cause interference with my participation in the Kenaitze Indian Tribe's Yaghanen Programs. This is to certify that I hereby consent to and authorize the administration and performance of all needed medicines, surgical treatment, and the administration of any anesthetic, which in the opinion of the attending physician, may be necessary and advisable in the event of any medical emergencies regarding myself.

Participant Signature

Date



Release of Liability Form

I, _____, do hereby freely and voluntarily release and agree to hold harmless the Kenaitze Indian Tribe Yaghanen Youth Program and other released parties as defined below (“Releasees”), from any and all liability arising from or related to any Releasees’ negligence, including any and all claims for physical or mental injury, death, property loss, or other damages arising due to my participation in the Kenaitze Indian Tribe Yaghanen Youth Program.

Releasees include Kenaitze Indian Tribe Yaghanen Youth Program, their employees, agents, assignees and housing parents, as well as contracting agencies, their officers, employees, agents, contractors, partners, heirs, successors, estates, and representatives.

I specifically waive any right to make a claim against or sue Kenaitze Indian Tribe Yaghanen Youth Program or any other Releasees, for any injury or loss of any kind arising out of my participation in the program and /or caused by the negligence of any Releasee. I understand that if I sustain any injury or loss, including death, while participating in this camp I have released all claims I might have against all Releasees for participation in the camp and/or their negligent conduct.

Participant Signature

Date

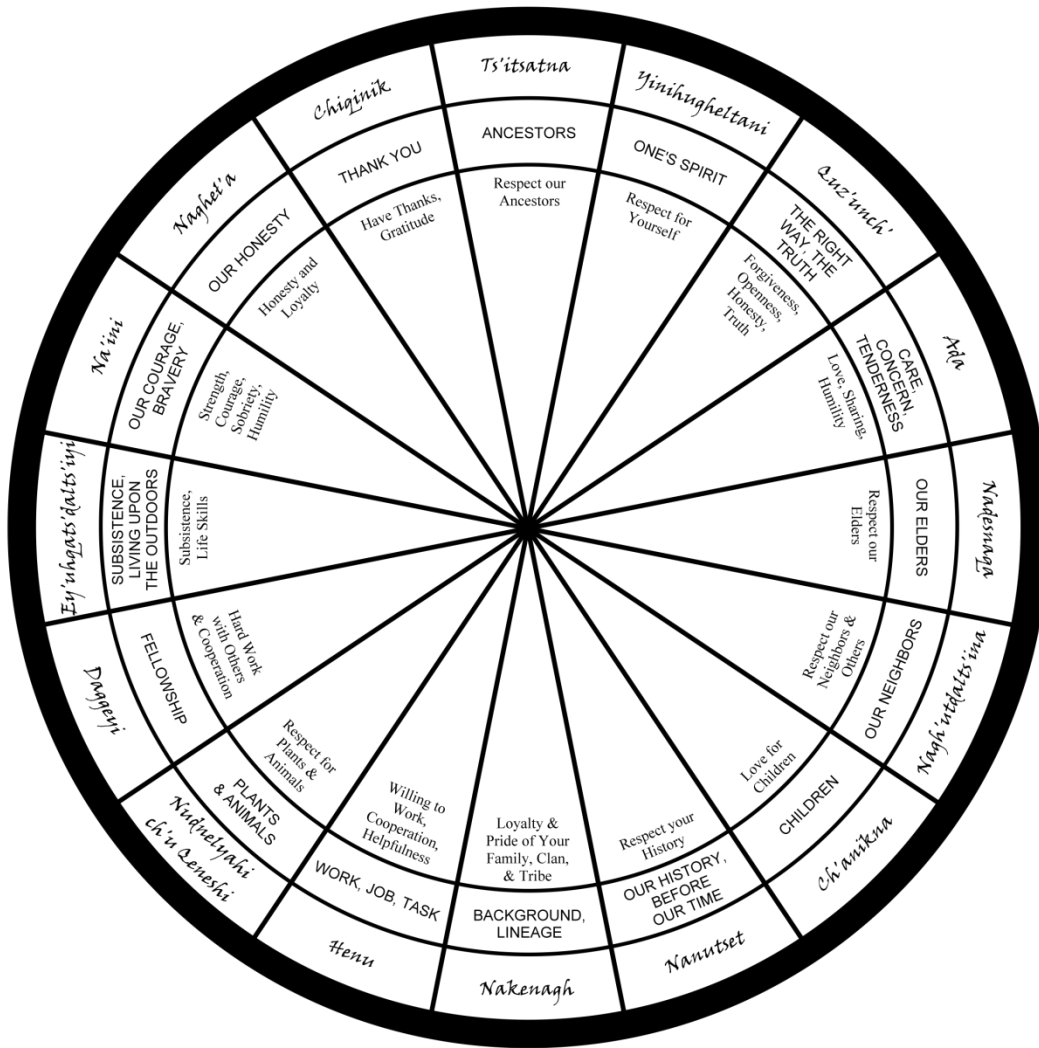


Yaghanen Youth Programs Code of Conduct

All participants in the Kenaitze Indian Tribe's Yaghanen Youth Programs are expected by their peers to act in a manner according to this Code of Conduct. The following qualities will be exhibited by all youth when participating in activities sponsored by the Kenaitze Indian Tribe's Yaghanen Youth Programs.

We agree to be:

1. Drug, alcohol and tobacco free.
2. Respectful of self, each other and adults.
3. Appropriate in our appearance, language, and actions.
4. Open-minded and willing to participate.



I have read and agree to abide by the above Code of Conduct and have reviewed the Traditional Values Circle.

Participant Signature: _____



Release of Information

I, _____, do give the Kenaitze Indian Tribe permission to release and receive information pertaining to my academic achievement and/or behavior/grades at school. I understand that providing this information is voluntary, but that it allows the Yaghanen Coordinator to assist in my academic success. I understand that this authorizes the Yaghanen Coordinator to contact my school staff and administration to verify my eligibility. I understand that this information will be kept confidential and stored in a locked file.

Name of school: _____

PowerSchool username: _____

Password: _____

This release of information is good for one year from the date on this form. Any use beyond this date will be without my consent and invalid.

Participant Signature

Date

Cultural Heritage Staff

Date

