



# Kenaitze Indian Tribe Yaghanen Youth Programs

P.O. BOX 988 (907) 335-7290  
KENAI, ALASKA 99611 (907) 260-3685 FAX

## Yaghanen Program Youth Application Sept. 2017 - Sept. 2018

Please complete all portions of this application, making sure all necessary signatures are provided. Please review the Traditional Values Circle on page 7 with your youth. Respect for others and self, a Kenaitze Dena'ina value, is a cornerstone of our programs.

CHECK HERE IF YOU ARE ENROLLING MORE THAN ONE YOUTH AND ALL YOUTH HAVE THE SAME PARENT/GUARDIAN INFORMATION. IF YOU ARE ENROLLING MULTIPLE YOUTH AND ALL YOUTH HAVE THE SAME PARENT/GUARDIAN INFORMATION, THIS PAGE NEEDS TO BE FILLED OUT ONLY ONCE.

IF ANY OF YOUR CONTACT INFORMATION CHANGES THROUGHOUT THE YEAR, PLEASE LET YAGHANEN STAFF KNOW SO WE CAN UPDATE OUR RECORDS.

Parent/Guardian Contact Information			
1st Parent/Guardian		2nd Parent/Guardian	
Mailing Address		Mailing Address ("same" if same as 1st parent/guardian)	
City, State, Zip		City, State, Zip	
E-mail <input type="checkbox"/> Add this address to the Yaghanen mailing list		E-mail <input type="checkbox"/> Add this address to the Yaghanen mailing list	
Primary Phone:	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other:	Primary Phone:	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other:
Secondary Phone:	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other:	Secondary Phone:	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other:
Tertiary Phone:	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other:	Tertiary Phone:	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other:
<p>Please select <u>one</u> primary communication method with which you would prefer to receive information about upcoming events, schedule changes, program cancellations, etc. Urgent questions/notifications requiring an immediate response will likely be in the form of a phone call to the 1<sup>st</sup> parent/guardian regardless of the option chosen below.</p> <p>I prefer to be notified via (check one) <input type="checkbox"/> phone call <input type="checkbox"/> text <input type="checkbox"/> e-mail.</p>			
Preferred notification phone number/e-mail address:			

Please list each youth you are enrolling and check the box if you are that youth's legal guardian:

_____	<input type="checkbox"/>	_____	<input type="checkbox"/>
_____	<input type="checkbox"/>	_____	<input type="checkbox"/>
_____	<input type="checkbox"/>	_____	<input type="checkbox"/>
_____	<input type="checkbox"/>	_____	<input type="checkbox"/>



CHECK HERE IF YOU ARE ENROLLING MORE THAN ONE YOUTH AND ALL YOUTH HAVE THE SAME EMERGENCY CONTACT INFORMATION. IF YOU ARE ENROLLING MULTIPLE YOUTH AND ALL YOUTH HAVE THE SAME EMERGENCY CONTACT INFORMATION, THIS PAGE NEEDS TO BE FILLED OUT ONLY ONCE.

**Emergency Contacts**

(Please provide alternate contact information in the event that the parent/guardian cannot be reached first)

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

The following persons are also authorized to pick up my youth at the end of Yaghanen Program activities in the event that I am unable to pick them up. I understand that Kenaitze Indian Tribe staff cannot legally release my youth to anyone not listed below, and telephonic authorization is not acceptable. If my youth is to be released to anybody not listed below, I will provide a written note to Kenaitze Indian Tribe staff, and the staff will need to see a valid ID.

I also understand that without a court order the Kenaitze Indian Tribe cannot deny access to a non-custodial parent.

Court Order Attached:  Yes  No

**IF YOU CHECKED YES ABOVE, PLEASE PROVIDE THE COURT ORDER ALONG WITH YOUR COMPLETED APPLICATION.**

1st Emergency Contact	Relationship (i.e., grandparent, aunt/uncle, etc.)
Primary Phone: _____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Other: _____
Secondary Phone: _____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Other: _____
Tertiary Phone: _____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Other: _____
2nd Emergency Contact	Relationship (i.e., grandparent, aunt/uncle, etc.)
Primary Phone: _____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Other: _____
Secondary Phone: _____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Other: _____
Tertiary Phone: _____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Other: _____
3rd Emergency Contact	Relationship (i.e., grandparent, aunt/uncle, etc.)
Primary Phone: _____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Other: _____
Secondary Phone: _____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Other: _____
Tertiary Phone: _____	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Other: _____



PLEASE FILL OUT A COPY OF PAGES 3-8 FOR EACH YOUTH YOU ARE ENROLLING.

1st Parent/Guardian	Relationship	2nd Parent/Guardian	Relationship
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Youth Information				
First Name	Last Name	M.I.	Suffix	Nickname
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity (Please choose only one)		<input type="checkbox"/> Alaska Native	<input type="checkbox"/> American Indian <input type="checkbox"/> Caucasian
			<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> African-American <input type="checkbox"/> Other/Unknown
Date of Birth	Tribal membership <input type="checkbox"/> Kenaitze <input type="checkbox"/> Salamatof	Tribal Affiliation (if any other than Kenaitze or Salamatof)		
Grade	School (please include teacher's name if your youth is in elementary school)			
T-Shirt Size	<input type="checkbox"/> Youth <input type="checkbox"/> Adult	<input type="checkbox"/> Small	<input type="checkbox"/> Medium	<input type="checkbox"/> Large <input type="checkbox"/> X-Large <input type="checkbox"/> 2X-Large <input type="checkbox"/> 3X-Large <input type="checkbox"/> 4X-Large

Yaghanen Programs					
Please check which program(s) your youth will be participating in:					
	<b>Program</b>	<b>Ages</b>	<b>Day</b>	<b>Time</b>	<b>Location</b>
Winter Programs	<input type="checkbox"/> Study Hall	All ages	Monday-Friday	2:30pm-4:00pm	Yaghanen Youth Center
	<input type="checkbox"/> Intertribal Drum	1st-12th grades	Monday	4:00pm-5:30pm	Yaghanen Youth Center
	<input type="checkbox"/> Junior NYO	1st-6th grades	Tuesday & Thursday	4:00pm-5:30pm	Yaghanen Youth Center
	<input type="checkbox"/> Senior NYO	7th-12th grades	Tuesday & Thursday	4:00pm-5:30pm	Yaghanen Youth Center
	<input type="checkbox"/> Jabila'ina Dance	All ages	Wednesday	4:00pm-5:30pm	Yaghanen Youth Center
	<input type="checkbox"/> Healthy Choices	1st-3rd grades	Friday	4:00pm-5:30pm	Yaghanen Youth Center
	<input type="checkbox"/> Archery	4th-12th grades	Friday	4:00pm-5:30pm	Yaghanen Youth Center
	<input type="checkbox"/> Nach'anik'na	All ages	To be announced		
Camps	<input type="checkbox"/> Moose camp (boys)	9th-12th grades	October 2017		Spirit Lake
	<input type="checkbox"/> USFWS Susten Camp	9th-12th grades	June 2018		Swanson River
	<input type="checkbox"/> USFS Susten Camp	9th-12th grades	June 2018		Cooper Landing
	<input type="checkbox"/> Junior Fish Camp	6th-8th grades	July 2018		Spirit Lake
	<input type="checkbox"/> Senior Fish Camp	9th-12th grades	July 2018		Spirit Lake
	<input type="checkbox"/> Harvest Camp (girls)	9th-12th grades	August 2018		To be announced
<p><b>NOTE: Camp dates and locations are subject to change.</b>  <b>Due to limited space, campers will be chosen through a selection process.</b></p>					
Did this youth participate in Yaghanen programs between September 2016 and September 2017? <input type="checkbox"/> Yes <input type="checkbox"/> No					

Transportation
<input type="checkbox"/> My youth will need Tribal transportation to the program(s) checked above.
<input type="checkbox"/> My youth will need Tribal transportation to bring him/her to the designated meeting point after each day's program(s).
<b>TRANSPORTATION IS NOT GUARANTEED AT ALL LOCATIONS AND AT ALL TIMES; IT IS PROVIDED AS A CONVENIENCE WHEN AND WHERE POSSIBLE.</b>



**Medical Information**

Please check any of the following conditions that your youth is known to experience

Asthma  Diabetes  Headaches  Muscle Pains/Cramps

Other Conditions **Please list any conditions other than those specified above**

Food Allergies **Please list any food allergies your youth has**

Other Allergies **Please list any other allergies your youth has**

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

Does your youth have any special needs, academic or physical, that may require modification or an adaptation of instruction, planned activities, including ISPs, etc.?  Yes  No

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

**Over The Counter Medication**

May Yaghanen staff allow your youth to take over-the-counter medication such as aspirin/ibuprofen for headaches/pains and Roloids/Tums for indigestion on an as-needed basis, following the recommended dosage?

Yes, Yaghanen staff **MAY** allow my youth to take over-the-counter medications on an as-needed basis. I will provide in the spaces below a list of any specific OTC medications, if any, that my youth may or may not take:

My youth may **ONLY** take the following OTC medication(s): \_\_\_\_\_

My youth **MAY NOT** take the following OTC medication(s): \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature authorizing youth use of OTC medication(s)

\_\_\_\_\_  
Date

No, Yaghanen staff **MAY NOT** allow my youth to take any over-the-counter medications.

**NOTE: All medication (prescribed and OTC) must be turned over to Yaghanen staff for your child's safety and the safety of other children, with the exception of inhalers. All prescription medication must be in the original container, with legible instructions.**



### Parent/Guardian Permission to Participate

I, \_\_\_\_\_, the parent and/or legal guardian of \_\_\_\_\_, hereby give my permission for my son/daughter to participate in the Kenaitze Indian Tribe's Yaghanen Youth Programs.

I understand that my youth will not be allowed to ride in any vehicles other than those arranged by Yaghanen program staff or visit family or friends without written permission from parent/guardian. I further 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 Applicants must also provide a signed **Acknowledgement of Risk and Full and Complete Release of Liability** form for all minor children wishing to participate in any **Kenaitze Indian Tribe Yaghanen Youth Programs** prior to the beginning of the program. Youth over 18 years of age or adults participating in any Yaghanen Youth activities or programs must provide a signed **Acknowledgement of Risk and Full and Complete Release of Liability** form prior to the beginning of the program. Any minor child or 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.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

### Agreement and Consent for Treatment

To the best of my knowledge, my youth is in good health and has no illness, communicable disease, or physical disability that will cause interference with his/her participation in the Kenaitze Indian Tribe's Yaghanen Programs. This is to certify that I, the undersigned parent or guardian, 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 my youth. It is understood that efforts shall be made to contact the undersigned prior to rendering emergency treatment.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

### Consent for Release of Information

I understand that the Kenaitze Indian Tribe may use any and all photographs, audio and/or video that may contain my youth's voice, image, likeness and/or images and likeness for educational, promotional, and informative purposes.

Yes, the Kenaitze Indian Tribe may use my youth's voice, image, likeness, and/or images for educational, promotional, and informative purposes.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

No, the Kenaitze Indian Tribe **MAY NOT** use my youth's voice, image, likeness, and/or images.

**Reason my youth's voice, image, likeness, and/or images may not be used**



**Kenaitze Indian Tribe – Youth Programs Summer Camp/Youth Center Activities/Archery Program Acknowledgement of Risk and Full and Complete Release of Liability**

NAME OF PARTICIPANT (please print) \_\_\_\_\_

In consideration of being allowed to participate in the Kenaitze Indian Tribe’s Summer Camp, Youth Center Activities or Archery Program (hereafter referred to as “Youth Programs”) I, \_\_\_\_\_ the parent and/or legal guardian of \_\_\_\_\_, a minor child, on behalf of myself and the minor child agree to waive, release, defend, indemnify, hold harmless and forever discharge the Kenaitze Indian Tribe, its agents, employees, officers, contractors, representatives and all other persons or entities associated with it (collectively referred to as “Kenaitze”) as follows:

*Please indicate your agreement by initialing next to each paragraph and signing below.*

\_\_\_\_\_ Although Kenaitze has taken reasonable steps to provide safe programming and facilities for youth participating in its Youth Program activities, I acknowledge that these activities have risks, including risks that cannot be eliminated without destroying the unique character of the activities. I understand the description herein of these risks is not complete and that other unknown or unanticipated risks may result in property loss, damage, and/or destruction or in physical injury, disability, or death. I agree to assume responsibility for the foreseen and unforeseen risks identified herein and those risks not specifically identified. My child’s participation in these activities is purely voluntary. I elect to have my child participate despite and with full knowledge of the risks.

\_\_\_\_\_ The KIT Youth Programs involve many activities, some of which are inherently dangerous, as well as pre- and post-activities taking place on Kenaitze’s property, where participants are subject to numerous risks, environmental and otherwise, which may involve risks of property damage, loss or destruction and/or physical injury, disability or death. Activities in which youth may participate may include, but are not limited to moose camp, fish camp, archaeology camp, camping, hiking, and climbing; practice and participation in the Ggugguyni Native Youth Olympics, Jabila’ina Native Dance, Intertribal Drum, Youth Council, Healthy Choices, and study hall.

\_\_\_\_\_ While participating in these Youth Programs participants may use many tools or equipment, including ropes, fishing rods, hooks, knives, blades, scissors, carabiners, belts, lines, life jackets, canoes, kayaks, and drift boats. Participants are also transported to and from sites and activities in Tribal vehicles including cars, trucks, vans, carts, horses, snowmobiles and ATVs.

\_\_\_\_\_ Risks to participants include but may not be limited to property destruction, loss, and/or damage, and/or physical injury, disability, or death resulting from any of the activities or from functional or broken equipment including: hiking, walking, running, jumping, climbing, kicking, jumping, boating, fishing, cleaning or storing fish, cleaning or storing game, digging, uncovering artifacts or geologic material, lifting, categorizing, camping, transport to, from and between activities, preparing food and drink, cooking food and drink, building and maintaining a campfire. Possible injuries include loss of sight or other senses, cuts, bruises, strains, tears, broken bones, slipping and falling, including to or from the gymnasium; being hit or receiving a puncture wound from an arrow, being hit by a falling target, being injured by a bow string including friction burns, sore fingers, strained joints, injury from damaged or broken equipment, falling on an arrow; injury from over exertion or over exposure to the physical elements, including sun, wind, rain, hail, snow, or cold; additional environmental risks and hazards include sunburn, hypothermia, drowning, slipping and falling due to rocky or uneven terrain, adverse weather conditions, wild animals, including bears, moose and biting and stinging insects, and other environmental risks associated with outdoor activities.

\_\_\_\_\_ I understand and accept the terms and conditions in this release and acknowledge that this agreement shall be effective and binding upon me, my child for whose participation in the Youth Programs I sign this release, my heirs, assigns, personal representative and estate, and all other members of my family. I have fully read and understand this document and completely and irrevocably release and agree to defend, indemnify, hold harmless, and promise not to sue the Kenaitze Indian Tribe and its officers, directors, employees, agents, contractors, and representatives from any claims which may be brought by or on behalf of myself, or any member of my family, for injury, illness, damage to property, disability or death arising from or related to my child’s participation in activities as described or perhaps not described above. I further understand that nothing in this release may be construed as a waiver of tribal sovereign immunity.

Parent’s Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Yaghanen Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## Yaghanen Youth Programs Code of Conduct

All youth participating 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.

<b>Ts'itsatna</b> ANCESTORS	<b>Yinihugheltani</b> ONE'S SPIRIT	<b>Qiz'unch'</b> THE RIGHT WAY, THE TRUTH	<b>Ada</b> CARE, CONCERN, TENDERNESS
Respect our Ancestors	Respect for Yourself	Forgiveness, Openness, Honesty, Truth	Love, Sharing, Humility
<b>Nadesnaqa</b> OUR ELDERS	<b>Nagh'ut dalts'ina</b> OUR NEIGHBORS	<b>Ch'anikna</b> CHILDREN	<b>Nanutset</b> OUR HISTORY, BEFORE OUR TIME
Respect our Elders	Respect our Neighbors & Others	Love for Children	Respect your History
<b>Nakenagh</b> BACKGROUND, LINEAGE	<b>Henu</b> WORK, JOB, TASK	<b>Nudnelyahi ch'u qeneshi</b> PLANTS & ANIMALS	<b>Daggeyi</b> FELLOWSHIP
Loyalty & Pride of Your Family, Clan, & Tribe	Willing to Work, Cooperation, Helpfulness	Respect for Plants & Animals	Hard Work with Others & Cooperation
<b>Ey'uh qa ts'dalts'iyi</b> SUBSISTENCE, LIVING UPON THE OUTDOORS	<b>Na'ini</b> OUR BRAVERY, COURAGE	<b>Naghe'a</b> OUR HONESTY	<b>Chiqinik</b> THANK YOU
Subsistence, Life Skills	Strength, Courage, Sobriety, Humility	Honesty and Loyalty	Have Thanks, Gratitude

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

Youth Participant Signature: \_\_\_\_\_

Parent/Guardian Witness: \_\_\_\_\_



## Release of Information

Yaghanen staff understand the importance of education, and this understanding is reflected in periodic grade checks of program youth. With the completion of this page, Yaghanen staff will have the means to perform periodic checks of your youth(s) progress at school and recommend resources for subjects in which your youth might be having difficulty. We also do eligibility checks for tribal sponsored activities that requires youth to miss school. If this check cannot be performed then the youth will not be allowed to participate without having a meeting between the parent/guardian and Yaghanen Coordinator.

I, \_\_\_\_\_, the parent and/or legal guardian of \_\_\_\_\_ do give the Kenaitze Indian Tribe permission to release and receive information pertaining to my son/daughter concerning his/her 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 youth's academic success. I understand that this authorizes the Yaghanen Coordinator to contact my youth's school staff and administration to verify my youth's 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.

\_\_\_\_\_  
Parent/guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Yaghanen Staff Signature

\_\_\_\_\_  
Date

