Received by: _____

Date/time: _____

Via: _____

Kenaitze Indian Tribe
Yaghanen Youth Programs

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

Sept. 2019 - Sept. 2020 Application

Please complete all portions of this application, making sure all necessary signatures are provided. Please review the Traditional Values on page 9 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 WITH THE SAME PARENT/GUARDIAN INFORMATION, FILL OUT THIS PAGE 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 ☐**Add this address to the Yaghanen mailing list**		**E-mail** ☐**Add this address to the Yaghanen mailing list**	
Primary Phone:	☐Home ☐Cell ☐Work ☐Other:	**Primary Phone:**	☐Home ☐Cell ☐Work ☐Other:
Secondary Phone:	☐Home ☐Cell ☐Work ☐Other:	**Secondary Phone:**	☐Home ☐Cell ☐Work ☐Other:
Tertiary Phone:	☐Home ☐Cell ☐Work ☐Other:	**Tertiary Phone:**	☐Home ☐Cell ☐Work ☐Other:

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 1st parent/guardian's primary phone regardless of the option chosen below.

I prefer to be notified via (**check one**): ☐phone call ☐text ☐e-mail

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:

_____ ☐ _____ ☐

_____ ☐ _____ ☐

_____ ☐ _____ ☐

_____ ☐ _____ ☐

☐ **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 WITH THE SAME EMERGENCY CONTACT INFORMATION, FILL OUT THIS PAGE 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 <u>YES</u> ABOVE, PLEASE PROVIDE THE COURT ORDER ALONG WITH YOUR COMPLETED APPLICATION.

1st Emergency Contact	**Relationship (i.e., grandparent, aunt/uncle, etc.)**

Primary Phone: _____ ☐Home ☐Work ☐Cell ☐Other: _____

Secondary Phone: _____ ☐Home ☐Work ☐Cell ☐Other: _____

Tertiary Phone: _____ ☐Home ☐Work ☐Cell ☐Other: _____

2nd Emergency Contact	**Relationship (i.e., grandparent, aunt/uncle, etc.)**

Primary Phone: _____ ☐Home ☐Work ☐Cell ☐Other: _____

Secondary Phone: _____ ☐Home ☐Work ☐Cell ☐Other: _____

Tertiary Phone: _____ ☐Home ☐Work ☐Cell ☐Other: _____

3rd Emergency Contact	**Relationship (i.e., grandparent, aunt/uncle, etc.)**

Primary Phone: _____ ☐Home ☐Work ☐Cell ☐Other: _____

Secondary Phone: _____ ☐Home ☐Work ☐Cell ☐Other: _____

Tertiary Phone: _____ ☐Home ☐Work ☐Cell ☐Other: _____

PLEASE FILL OUT A COPY OF PAGES 3-10 FOR EACH YOUTH YOU ARE ENROLLING.

1st Parent/Guardian	Relationship	2nd Parent/Guardian	Relationship

Youth Information

First Name	MI	Last Name	Suffix	Nickname

Gender ☐Male ☐Female

Ethnicity (Please choose only one) ☐Alaska Native ☐American Indian ☐Other/Unknown

Date of Birth

Tribal membership ☐ Kenaitze ☐ Salamatof ☐ Other: _____

Grade	School	Teacher's name (if in elementary school)

T-Shirt Size ☐Youth ☐Adult ☐Small ☐Medium ☐Large ☐X-Large ☐2X-Large ☐3X-Large ☐4X-Large

Yaghanen Programs

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

	Program	Ages	Day	Time	Location
☐	Study Hall	1st-12th grades	Monday-Friday	2:30-4:00 p.m.	Yaghanen Youth Center
☐	Intertribal Drum	1st-12th grades	Monday	4:00-5:30 p.m.	Yaghanen Youth Center
☐	Healthy Choices	1st-12th grades	Tuesday	4:00-5:30 p.m.	Yaghanen Youth Center
☐	Junior NYO	1st-6th grades	Wednesday & Friday	4:00-5:30 p.m.	Yaghanen Youth Center
☐	Senior NYO	7th-12th grades	Wednesday & Friday	4:00-5:30 p.m.	Yaghanen Youth Center
☐	Jabila'ina Dance	1st-12th grades	Thursday	4:00-5:30 p.m.	Yaghanen Youth Center

Did this youth participate in Yaghanen programs between September 2018 and September 2019? ☐Yes ☐No

Youth Name: _____

Transportation

Yaghanen Program provides limited transportation to the Yaghanen Youth Center from the four major Kenai schools — Kenai Central High, Kenai Middle, Mt. View Elementary, and Kaleidoscope. Limited return transportation to Kenai is also provided from the Yaghanen Youth Center at the end of programs. To ensure transportation runs smoothly, please help us in the following ways.

Parents/legal guardians of youth participating in transportation offered by Yaghanen agree to:

- Inform Yaghanen Staff in advance if their youth shall or shall not need a ride for both short-term and long-term situations. A minimum of 24-hour notice is preferred.
- Be prompt in picking up their youth at the designated drop-off location and time.
- Ensure that their youth behave in an appropriate manner while riding in a Yaghanen vehicle. This includes but is not limited to refraining from eating or drinking in the vehicle unless given temporary approval by Yaghanen Staff.
- Acknowledge that transportation is offered as a convenience, on a limited basis and not guaranteed.

Two written warnings shall be issued and on the third infraction transportation privileges shall be suspended and/or revoked. Reinstatement will be reviewed on a case-by-case basis.

TRANSPORTATION IS NOT GUARANTEED AT ALL LOCATIONS AND AT ALL TIMES; IT IS PROVIDED AS A CONVENIENCE WHEN AND WHERE POSSIBLE.

TRANSPORTATION TO YAGHANEN PROGRAMS

Please indicate below how this youth will be getting to the Yaghanen after school programs.

☐ I will arrange transportation to programs for this youth/my youth will provide his/her own transportation.

☐ I'm requesting Yaghanen transportation for this youth from the following schools currently served by Yaghanen (**NOTE: Seating in Yaghanen vehicles is limited; transportation from these schools is not guaranteed**):

☐ Kenai Central High ☐ Kenai Middle ☐ Mt. View Elementary ☐ Kaleidoscope

TRANSPORTATION FROM YAGHANEN PROGRAMS

Please indicate how this youth will picked up at the end of Yaghanen after school programs.

☐ I will arrange transportation from programs for this youth/my youth will provide his/her own transportation.

☐ I'm requesting Yaghanen transportation to the Kenai meeting point where my youth will be picked up at about 5:35 p.m. (**NOTE: Seating in Yaghanen vehicles is limited; transportation to the meeting point is not guaranteed**).

CONSENT TO TRANSPORT

By signing below, I give my consent for Yaghanen staff to transport my youth without my presence and with a minimum of one (1) Kenaitze Yaghanen Youth Program employee present in the vehicle, and agree to abide by the procedures stated above.

_____ _____

Parent/Guardian signature authorizing transport of youth Date

Youth Name: _____

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.**

If you marked <u>any</u> of the conditions above, please explain conditions, medications, and treatments in the space below:

Allergies

☐Food Allergies	**Please list any food allergies that your youth has.**
☐Other Allergies	**Please list any other allergies that your youth has.**

If you marked <u>any</u> allergies above, please explain reactions, medications, and treatments in the space below:

Special Needs

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:

Youth Name: _____

Over The Counter Medication

May Yaghanen staff allow your youth to take over-the-counter medication such as aspirin/ibuprofen for headaches/pains and Rolaids/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 OTC medication(s) listed below:

☐ My youth **MAY NOT** take the OTC medication(s) listed below:

_____ _____

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, herby 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, actions, and attire based upon requirements of the activity.
4. Open-minded and willing to participate.

In cases where youth do not adhere to these expectations their parent/legal guardian will be called to make arrangements for the youth to return to the parent/legal guardian's care at the parent/legal guardian's expense within a reasonable amount of time. Return to the programs by the youth will be determined by the severity of the infraction and a meeting between Staff and Supervisor. After three infractions the parent/legal guardian will be notified that the youth is not eligible to participate in programs unless a responsible adult is authorized to accompany the participant. This will be at the discretion of the person overseeing the activity or program.

Kenaitze Traditional Values

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

PG Movie Authorization

I, _____, parent/guardian of one or more youth enrolled in the Kenaitze Indian Tribe's Yaghanen Youth Programs, allow Yaghanen staff to show PG-rated movies to any and all children I have enrolled in the programs. Such PG movies will contain content Yaghanen staff deem appropriate for school-aged children. PG-rated movies will be shown only when parent/guardian allowance is unanimous, or if the child of a parent who declined to allow PG movies is not present during movie days; otherwise, we will continue to show only G-rated movies.

If you do not wish Yaghanen staff to show PG-rated movies to your child(ren), please contact Yaghanen staff at 335-7290 or at 35105 K-B Drive Suite B. Providing your signature here authorizes Yaghanen staff to show your child PG-rated movies.

_____ _____

Parent/guardian signature Date