



Iksíks Ttáwax̣t Nisháyaas

Youth Camp

July 8, 2019 – August 9, 2019



Dear Prospective Iksíks Ttáwaḡt Nisháyaas Camper and Parents,

We are excited about this year's camp! The camp will have three locations: Ages 3-12 can attend either of the Head Start locations in Wapato or White Swan or if your child is going into 5th through 12th grades in the 2020 school year they can attend camp at the Yakama Tribal School.

The dates for this year's camp are **July 8, 2019 – August 8, 2019 from 7:30am – 5:30pm**. There will be an end of camp luncheon on **August 9, 2019** (location and time TBD). The end of camp luncheon will highlight all the things your children learned and art they made as well as recognize all of them for their participation. Camp will prioritize Yakama Tribal members and allow descendants if space allows.

Iksíks Ttáwaḡt Nisháyaas is a Yakama immersion camp that will share the Yakama language, culture and teachings through Yakama language teachers, elders, and volunteers. Campers will participate in cultural & language instruction, cultural arts & crafts, physical activities and field trips. All three locations will utilize the same format and curriculum to maximize the learning experience.

There is no cost for participating in the camp. However, there is limited space and expect a waiting list if spaces fill fast. **Registration due date is June 21, 2019 and slots are assigned by the date the application is received, so we encourage you to sign up early.** Camp will provide breakfast, lunch and snacks. Transportation is not available but Pahto Public Passage has regular routes available and you can contact (509)865-5121 x4040 for schedules and more information.

You must identify on your application which location you would like your child to attend. To attend either of the Head Start sites, campers must be 3 years old as of the first day of camp (July 8, 2019) and must not have turned 13 before the last day of camp (August 9, 2019). To attend the Yakama Tribal School site, campers must be going into grades 5-12 in the 2020 school year.

Attendance and participation is critical for the best learning experience. If your child misses more than three days (exception is participation at Camp Chaparral), the slot will be offered to someone on the waiting list.

Please complete the fillable application (this will make your application easier to read and process), **one child per application**, if you have more than one child please complete a separate application for each child. Print it out, and send your completed application to any location listed below:

Yakama Nation Tribal Administration Office
401 Fort Road Toppenish, WA 98948
Leslie.Ashue@yakama.com or (509)865-5121 x6004

Wapato Head Start
1240 Campbell Rd.
Wapato, WA 98951

White Swan Head Start
61 Rodeo Drive
White Swan, WA 98952

Email: kc@yakama.com

We are excited about camp and hope to see you there this summer!
If you have any questions, please feel free to call or email.

Elizabeth Nason,
Tribal Administrative Director
(509)865-5121 x6011

**July 8
Through
August 9, 2019**

CAMP LOCATIONS
Ages 3-12
Wapato Head Start
1240 Campbell Rd.
Wapato, WA 98951
(509)877-3835

Ages 3-12
White Swan Head Start
61 Rodeo Dr.
White Swan, WA 98952
(509)874-2007

5th Grade – 12th Grade
Yakama Tribal School
61 Linden St.
Toppenish, WA 98948
(509)865-4778

Iksíks Ttáwaxt Nisháyaas

July 8, 2019 – August 9, 2019

Please complete the fillable application, print it out, and drop off at any location identified on page 2.

CAMPER INFORMATION

Child's First Name: _____ Child's Last Name: _____ Middle Initial: _____

Date of Birth: ___ / ___ / ___ Age: _____ Gender: _____

Preferred name/ nickname (if different from above): _____

Child's Enrollment Status: Enrolled Yakama # _____ Yakama Descendant Enrolled Other/Non-Yakama

Address: _____ City: _____ State: _____ Zip: _____

Grade **next fall** (please check): Pre-K K 1 2 3 4 5 6 7 8 9 10 11 12

Requesting Site (select only one): Wapato Head Start White Swan Head Start Yakama Tribal School

PARENT/GUARDIAN INFORMATION

Parent/Guardian #1

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) ____ - ____ Cell Phone: (____) ____ - ____ Work Phone: (____) ____ - ____ ext. _____

Enrollment Status: Enrolled Yakama # _____ Yakama Descendant Enrolled Other/Non-Yakama

Employer: _____ E-mail address: _____

Parent/Guardian #2

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) ____ - ____ Cell Phone: (____) ____ - ____ Work Phone: (____) ____ - ____ ext. _____

Enrollment Status: Enrolled Yakama # _____ Yakama Descendant Enrolled Other/Non-Yakama

Employer: _____ E-mail address: _____

EMERGENCY CONTACTS

Emergency Contact #1 Name: _____ Relationship to child: _____

Home Phone: (____) ____ - ____ Cell Phone: (____) ____ - ____ Work Phone: (____) ____ - ____ ext. _____

Emergency Contact #2 Name: _____ Relationship to child: _____

Home Phone: (____) ____ - ____ Cell Phone: (____) ____ - ____ Work Phone: (____) ____ - ____ ext. _____

Please list those people in addition to parents/guardians who are permitted to pick up your child:

1: _____ 2: _____ 3: _____

DIETARY & MEDICAL INFORMATION

General Health History:

Please check: Asthma Infection Diabetes Other
Emotional/Behavioral Issues

Please explain any checked above (please write "none" if applicable)

Medications - Please list all medications the camper will take while at camp, including over-the-counter

Name: _____ Dosage: _____ Frequency: _____ Date began taking: ___ / ___ / ___

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All medications must be in their original containers with the prescription attached.
Attach additional sheet if needed. Check here if additional sheet attached:

Allergies: No Known Allergies

Allergic to: Food Medicine (including OTC) Bee Stings Environmental Other

Please describe allergies in detail:

Diet/Nutrition: Eats regular diet Camper has specific dietary needs

Please describe specific dietary need in detail and email kc@yakama.com or call 509-865-5121 x6050 at least 2 weeks in advance to discuss action plan:

Restrictions: The camper can participate without restriction

The camper can participate with the following restrictions:

Health-Care Providers:

Camper's primary doctor(s): _____

Phone number: (____) _____ - _____

Dentist(s): _____

Phone number: (____) _____ - _____

Orthodontist(s): _____

Phone number: (____) _____ - _____

Medical Insurance Information:

This camper is covered by family/medical insurance: Yes No

Insurance Company: _____

Subscriber Name: _____

Subscriber DOB: ___ / ___ / ___

Policy Number: _____

Insurance Phone: (____) _____ - _____

Parent/Guardian authorization for Health Care: This health history is correct and complete to the best of my knowledge, and the person herein described has permission to engage in all camp activities except as noted. I hereby give permission to the medical personnel selected by the camp director to order x-rays, routine tests, treatment; to release any records necessary for insurance purposes; and, to provide or arrange necessary related transportation for my child or me. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. I also give permission to trained camp personnel to administer any necessary first aid should a situation requiring medical attention occur while at camp. I further give permission to the camp nurse to administer prescription medication (as noted) and over-the-counter medication (PRNs). This completed form may be photocopied or stored electronically for trips out of camp. I understand there are inherent risks in day camp activities and do not hold the camp liable for any injuries incurred while my child is at camp.

Signature of custodial Parent/Guardian _____

Date ___ / ___ / ___

Iksíks Ttáwax̄t Nisháyaas Youth Camp
Parental Consent and Release of Liability
Please Print and Provide All Information Requested.

IMPORTANT: THIS DOCUMENT CONTAINS A RELEASE OF LIABILITY. YOU ARE ADVISED TO REVIEW IT CAREFULLY.

Name of Camper: _____ Camper's Date of Birth: ____ / ____ / ____

Camp Locations: Wapato Head Start, White Swan Head Start, Yakama Tribal School

Dates of Camp: July 8 – August 9, 2019

Consent to Attend Camp

I hereby give permission for Camper to attend and participate in Iksíks Ttáwax̄t Nisháyaas Youth Camp ("Camp").

Release of Liability

Prior to Camper's participation in Camp activities, I acknowledge that involvement of Camper in the Camp may involve risk of property damage and of personal injury, illness or even death of Camper, including but not limited to the risks arising from transportation-related activities, recreational activities, accidents in the outdoors and facilities, adverse weather conditions, and injuries and illness as a result of food-borne illnesses and allergic reactions. In addition, I understand that there may be other risks inherent in Camp activities of which I may not be presently aware.

By signing this Parental Consent and Release of Liability, I warrant that Camper is fully capable of safely participating in all Camp activities, and I expressly assume all risks of Camper's participation, whether such risks are known or unknown to me at this time. I further generally release the Yakama Nation and its directors, officers, volunteers, and other campers at the Camp, from any and all claims that I or Camper may have against any of them as a result of property damage or personal injury, illness or death of Camper as a result of participation in Camp activities, whether on or off Camp grounds. I agree that this release includes the ordinary, special and inherent risks described above, and other risks that I may not foresee or be aware of at this time. This Release of Liability is given on behalf of myself, Camper, and the heirs, family, estate, administrators, executors, personal representatives and assigns of me and Camper.

Consent to Medical Treatment

If Camper experiences an injury or illness, or has other medical needs, I authorize the Camp's employees, volunteers, and agents to make such arrangements for Camper's health and safety, including but not limited to first aid, emergency medical care, ambulance or other transportation to a hospital, medical office, or clinic, testing and examination, and hospital care, and other medical care and treatment (including dental care) as they feel are appropriate in the circumstances. I further agree that I am fully responsible to pay all charges and expenses relating to such care, transportation and treatment and I hereby fully release the Yakama Nation and its directors, officers, volunteers, from any claims, including claims for medical charges, prescription costs and other expense, I might have as a result of such care, transportation and treatment. My signature below also serves to indicate my willingness for my Health Insurance Company (please provide details in the **Medical Information** section) to be billed for any and all medical fees and services should they be needed. I agree that I will pay all charges and expenses not covered by insurance.

(Please turn page over to continue)

**Iksíks Ttáwaxt Nisháyaas Youth Camp
Parental Consent and Release of Liability
Please Print and Provide All Information Requested.
(continued)**

Other Releases and Acknowledgements

I understand that, while Camper is participating in Camp activities, photographs, film, audio recordings and videotape of Camper may be taken for use in brochures, videos, releases to the press, and various Yakama Nation publications and other work product. I do hereby irrevocably grant the Yakama Nation permission to record, display and/or reproduce my child's name (first name only), likeness and voice on audio and/or video tape, film or other media, to edit and otherwise modify such media at its discretion, to incorporate the media into any work product, including posting photos and videos to the camp websites, and to use or authorize the use of such media or any portion thereof in any manner or media or by any means, methods or technologies now known or hereafter to be known.

I understand that the Yakama Nation does not provide transportation to or from the Camp program and do hereby take responsibility for either providing or arranging for transportation of Camper, and for ensuring that Camper will arrive and depart by the scheduled dates and times.

If Camper fails to abide by established rules and standards of conduct, the Yakama Nation Camp staff reserve the right to send Camper home. If it becomes necessary to send Camper home, I hereby agree to provide transportation or to make travel arrangements for Camper and to assume the cost of these expenses.

To the extent any provision of this document is found to be unenforceable, such provision shall be deemed severable and shall not affect the enforceability of any other portion of this document, and shall be reformed to be in compliance with the law and construed to most nearly reflect the intent of the parties.

I represent and warrant that I am a parent or legal guardian of the Camper named above and have the full power and authority to enter into this Parental Consent and Release of Liability on behalf of the Camper. By signing below, I acknowledge that this document has been read and understood by me, and also represent that all information provided is accurate. Each legally responsible parent/guardian is required to sign below.

Parent or Guardian signature

Name Printed

____ / ____ / ____
Date Signed

(____) ____ - ____
Best phone number at which to reach you

(____) ____ - ____
Second phone number at which to reach you