



Tucson Indian Center

160 North Stone · P.O. Box 2307 · Tucson, Arizona 85701-2307
Telephone: (520) 884-7131 · Fax: (520) 882-0240

NATIVE PRIDE WINTER LEADERSHIP CAMP (NPWLC) REGISTRATION PACKET

The **Tucson Indian Center (TIC)** will be hosting the ***Native Pride Winter Leadership Camp (NPWC)*** for Native American youth ages 8-17 years old. The NPWLC is a FREE event sponsored by the Tucson Indian Center.

The camp will be held at the Richey Center in Old Pascua 2209 N 15th Avenue. The **Camp is for Native American Youth ages 8-17 years old, scheduled for Thursday, January 5th and Friday, January 6th.**

The NPWLC will focus on health and wellness activities, leadership, physical fitness, and education on substance abuse, drugs, alcohol and tobacco.

All youth interested in participating in the Native Pride Winter Leadership must work with their parents/guardians to complete the following registration packet.

Checklist of items to be completed:

- Youth Registration & Emergency Form – Pg. 2
- Parent Permission/ Waiver / Release Form – Pg. 3
- Youth Code of Conduct & Agreement Form Pg. 4
- Health Information Form – Pg. 5

Please submit completed packet to Mario Valencia, *Native Pride Coordinator* in person or via fax at (520) 884-0240. Registration will be confirmed until packet is received.

If you have any questions or concerns, please contact Mario Valencia at (520) 884-7131 ext. 225, or by email mvalencia@ticenter.org or Inez Zabala at (520) 884-7131 ext. 236, or by email izabala@ticenter.org.



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NPWLC REGISTRATION & EMERGENCY FORM

Please print legible and completely.

Youth Information	
Full name (First, last)	
Tribal background	
School Attending	
Youth Email	
Gender (Male/Female)	
Birthday (MM/DD/YYYY)	
Parent/Guardian Information (Will be notified 1st in case of emergency)	
Full Name(s)	
Home address	
City, State, Zip	
Cell / Home number(s)	
Work number(s)	
Parent(s) Email	
2nd Emergency Contact (Will be notified if unable to reach parent/guardian)	
Emergency contact (relationship)	
Emergency contact's address	
Emergency contact's phone	
Escort(s) Contact Information (Person to drop-off and pick-up youth from camp)	
Full name(s)	
Relationship	
Cell/Home number(s)	
Is there individual(s) that should NOT pick-up/drop off your youth?	

Parent/Guardian Signature: _____ **Date:** _____



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2017 NPWLC PARENT PERMISSION / WAIVER / RELEASE FORM

I, parent/guardian of _____, give my permission for him/her to
Print child's name
participate in the Native Pride Winter Leadership Camp

_____ I understand the NPWLC will be held at the Richey Community Center, 2209 N. 15th
Initials Avenue

_____ I hereby waive and release the TIC from any and all liability or claims for any injuries
Initials or loss sustained by my child, including anything that is related to my child's participation in the NPWLC and/or while being transported to and off-site locations.

_____ I understand that it is my responsibility to sign-in and drop-off my child at the
Initials beginning of each day and sign-out and pick-up my child at the end of each day during the camp.

_____ I understand that if my child is not picked-up within 30 minutes indicated emergency
Initials contact will be notified.

_____ I also agree and give permission to the TIC Wellness Department to videotape,
Initials audiotape, and photograph my child for use in program presentations and promotional materials not limited to the MSPI program and Native Pride programming. I understand that this will benefit the program, and therefore my child, and recognize that the TIC Wellness Department will use the materials at the discretion they see fit.

Signature of Parent/Guardian

Date

Parent Permission Slip & Public Transportation Waiver

I give my permission for my child, _____, to utilize and be transported by the public transportation system or sign him/herself out from the NPWLC and I hereby waive and release the TIC from any and all liability or claims for any injuries or loss sustained by my child while utilizing and traveling on the public transportation system or after he/ she signs out.

Signature of Parent/Guardian

Date



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YOUTH CODE OF CONDUCT & AGREEMENT FORM

It is our desire to provide the best and safest possible atmosphere throughout the camp. All youth registrants and parents must read, sign and adhere to guidelines and agreements provided.

I, _____, understand and agree to the following:

Youth's full name

Initials I will actively participate in all activities and workshops provided at the Tucson Indian Center (TIC) Native Pride Winter Leadership Camp (NPWLC) from Jan 5th and 6th, 2017.

Initials I am aware that if I am caught participating in any type of illegal activity or in possession and/or use of alcoholic beverages, weapons, tobacco products, and/or any type of illegal drugs, I lose privileges to attend the camp and TIC Staff will notify my parent or guardian to be escorted out of the camp.

Initials I agree to dress in a manner that is considered appropriate and acceptable to the nature of the camp and will not dress in any way that may be considered offensive, or cause distraction, disruptions or conflict amongst other attendees.

Initials I understand that my parent or guardian is responsible for signing me in at the beginning of the camp and signing me out at the end of the camp each day.

Initials I agree to not wander away from the camp premise during scheduled activities. I understand, that if TIC Staff is notified of thefts or damages, my parents could be held liable for my actions.

Initials I agree to behave and respect others in a mature manner that does not allow for loud talking, yelling, vulgarity, profanity, horseplay or any other derogatory behavior.

Signature of Youth

Date

Signature of Parent/Guardian

Date



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NPWLC HEALTH INFORMATION

1. Does your child follow any special diet(s)? () YES () NO

If yes, please specify: _____

2. Does your child have any of the following conditions?

() Diabetes () Epilepsy () Seizures

() Other medical problems, chronic conditions or special situations we should be aware of:

Please specify: _____

3. Does your child require American with Disability Act-related assistance? () YES () NO

If yes, please specify your requirements for accommodation: _____

4. **Adverse reactions:** Please list & describe any adverse reactions to medication(s) we should be aware of: _____

5. Please list & describe any food allergies we should be aware of: _____

6. Please list any other allergies your child may have (e.g. surgical tape, bee sting, etc.): _____

7. **MEDICATIONS:** Please list ALL medications taken regularly and youth will bring to the SSNYC (include vitamins, prescription & non-prescription medications, oral contraceptives, etc.)

1. _____

2. _____

NOTE: TIC staff will not administer medication; all medication must be self-administered. No medical staff will be available to administer medications. Additionally, all medications listed above should be in their original packaging!

8. I give consent for camp staff to seek medical attention for my child in case of a medical emergency.

(This section must be completed by the student's parent or guardian)

Signature of Parent /Guardian: _____ Date: _____

Please Print Parent/Guardian Name: _____

In case of an emergency, contact: _____

Daytime Phone #: (____) _____ - _____ Evening Phone #: (____) _____ - _____

Additional Information: Is there other important information that TIC Staff should be aware of:
