

2024 Youth Gathering of Native Americans (GONA)

Four themes: Belonging, Mastery, Interdependence, Generosity

Tucson Indian Center Registration/Application Packet

May, 2024

Hello Parents and Guardians:

The Tucson Indian Center (T.I.C) is excited to announce the first summer Youth GONA ages 13 to 17 years, July 23-25. The youth will connect with their peers, be involved in an interactive approach that empowers them through four themes of Belonging, Mastery, Interdependence and Generosity. In a safe place to share, heal, and plan for action.

APPLICATIONS ARE DUE BY: JULY 16, 2024, 5:00 p.m.

- **Start date Tuesday July 23 and end date Thursday July 25, 2024**
- **Start time: 8:00 a.m. to 4:00pm**
- **Location: Ramada Inn, 777 W Cushing Street (bus #)**

Back to School Bash for All Youth, scheduled for Friday July 26, 2024.

(More information to come)

HOW TO APPLY

- ✓ Complete registration through QR code or complete application attached to this cover page.
- ✓ Email your application to Ramona Casillas rcasillas@ticenter.org or drop off at Tucson Indian Center, 160 N. Stone.

If there are any questions or concerns, 520-884-7131 ext.8353.

Registration is required for all students to participate.

TUCSON INDIAN CENTER WAIVER AND RELEASE OF LIABILITY FORM

1. By signing this Waiver and Release of Liability (Agreement), I waive and release the Tucson Indian Center, its agents, assistants, employees, insurers, successors and assigns from any and all claims, demands, causes of action, damages or suits at law and equity of any kind, including but not limited to claims for personal injury, property damage, medical expenses, loss of services, on account of or in any way related to or growing out of my presence or involvement at the Tucson Indian Center's activity/event.

This waiver and release are intended to and does release Tucson Indian Center from any and all liability for damages or injuries on account of or in any way related to or growing out of my negligence, the negligence of third parties and Tucson Indian Center's negligence. This is not intended to release Tucson Indian Center from any liability resulting from their intentional conduct.

I further agree that should any claim be made against in contravention of this Agreement, including but not limited to derivative claims, I will protect, defend and completely indemnify (reimburse) for any such claim and expenses including attorney's fees and costs incurred by in defending themselves or security indemnity hereunder.

2. I understand that Tucson Indian Center is not responsible for any lost, stolen, or damaged valuables or property.

3. I acknowledge that I have received and read a copy of the current rules and expectations governing participation in this TIC activity/event. I agree that I will fully comply with all rules and expectations and with any amendments.

I have read the Agreement and understand that by signing the Agreement I have consented to be bound by its terms, including the waiver/release of any legal right I may have to sue Tucson Indian Center for any costs they incur because a claim or legal action is brought in violation of this Agreement. I agree any violation of the Agreement and its terms and conditions, as determined by Tucson Indian Center, will void, and terminate this Agreement and may result in loss of the ability to participate in the Tucson Indian Center activity/event.

I (Parent/Guardian) am signing this Agreement freely, voluntarily, and competently and I am at least eighteen (18) years of age.

Parent Name (please print) _____

Parent Signature _____ **Date** _____

Youth's Name (please print) _____

HEALTH/MEDICAL INFORMATION

Please answer the following questions:

Does your child follow any special diet? () Yes () No If yes, please specify:

Please list any physical limitations or medical conditions your child has:

Other medical problems, chronic conditions or special situations about which we should know:

Do you require assistance related to the Americans with Disability Act? () Yes () No If yes, please specify your requirements so that we can accommodate:

Adverse reactions: Please list and describe any adverse reactions that you may have had to medications:

Please list and describe any food allergies that you may have:

Please list any other allergies that you may have (e.g. surgical tape, bee sting, etc.):

Medications: Please list any medications that you take regularly and will bring with you to the workshop (include vitamins, prescription & non-prescription medications, oral contraceptives, etc.):

Has your child recently been exposed to contagious diseases or conditions, such as mumps, measles, chicken pox, Covid- 19, etc.? If so, date and disease or condition:

Immunizations: Date of last tetanus/ diphtheria immunization:

Parent Name (please print) _____

Parent Signature _____ Date _____

Youth's Name (please print) _____

Tucson Indian Center Youth Application
Registration Application & Emergency Contact Form

July 23 – 25, 2024

Please print youth's information legible and completely.	
Child's Name	First: _____ Last: _____
Nickname	_____
Tribal Enrollment	_____
School Attending	_____
Gender (Male/Female)	_____
Age	_____
Date of Birth	_____
Parent/Guardian information (1 st to be notified in case of emergency)	
Name	First: _____ Last: _____
Home Address	_____
City, State, Zip	_____
Cell Phone	_____
Work Phone	_____
Home Phone	_____
Email Address	_____
2 nd Emergency Contact (Will be notified if unable to reach Parent/Guardian)	
Name	First: _____ Last: _____
Relationship to child	_____
Address:	_____
Cell Phone	_____
Home Phone	_____

YOUTH CODE OF CONDUCT & AGREEMENT FORM

It is the goal of the Tucson Indian Center to provide the best and safest possible atmosphere throughout your youth's involvement. All youth and parents must read, sign, and adhere to guidelines and agreements provided.

Initial

Initial

Initial

Initial

Participation: I agree to participate fully and to follow the instructions of TIC staff. I shall be respectful when presenters are talking and be an active listener.

Dress code: I agree to dress in a manner that is considered appropriate and acceptable to the educational nature of the program and will not dress in any way that may cause distraction, disruptions, or conflicts amongst other attendees. Hats and bandanas or any clothing bearing gang symbolism will not be tolerated.

Behavior: I agree to be respectful to all staff and students and listen when someone is talking and raise my hand if I have a question. I agree not to be disruptive or violent in any way.

Consequences: I understand if I violate any of the guidelines during my participation of activities, my parent/guardian will be notified.

Parent Name (please print) _____

Parent Signature _____ Date _____

Youth's Name (please print) _____

Youth's Signature _____ Date _____

Additional Release and information

<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Initial	<p>PHYSICAL ACTIVITIES RELEASE AND RISK NOTICE: Physical activities involve varying degrees of risk depending on the skill of the participants and the level of play. The parent/guardian of the youth participant in the physical activities of Youth Program acknowledges that he or she is fully knowledgeable as to the risks of the physical activity in which the individual intends to participate. The parent/guardian states that their youth is in good health and has no knowledge of any infirmity which would impair ability or increase any risk. The undersigned parent/guardian agrees to assume all risks of the activity in which the youth will participate and waives all claims against TIC and TIC contractors/partners, its agents, volunteers, and employees arising out of the participation by the undersigned in the physical activities and other activities at the summer program. This agreement to assume the risks of the physical activities and other activities shall be continuing until revoked in writing with an acknowledgment in writing that the revocation has been received by a Management Team member of Tucson Indian Center.</p>
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Initial	<p>MEDICAL TREATMENT & RELEASE: The undersigned parent /legal guardian accepts and assumes the risks of the activities on behalf of the minor as stated in the foregoing paragraph. The undersigned authorizes employees of Tucson Indian Center (TIC) and TIC contractors/partners to request medical treatment for the minor in the event of any emergency in which in the opinion of the employees requires immediate medical treatment.</p>
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Initial	<p>WEIGHT/HEIGHT DATA RELEASE: I consent to Tucson Indian Center measuring my youth's weight and height as part of the diabetes prevention education activities.</p>
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Initial	<p>SURVEY RELEASE: I consent to Tucson Indian Center collecting a brief (approx. 5-minute) survey from my youth asking them about their physical activity, eating habits, and other diabetes prevention questions.</p>
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Initial	<p>MEDIA RELEASE: I consent that those photographs, video and/or audio recordings made of my youth's voice or image may be used for developing printed educational and outreach materials. I understand these materials will be used only for non-profit and non-commercial use. I consent that the Tucson Indian Center may use photographs, video and/or audio recordings made of my youth's voice or image and that such shall be the producer's property to view, to copy, or to distribute for any non-profit and non-</p>

Parent Name (please print) _____

Parent Signature _____ Date _____

Youth's Name (please print) _____