



# Native American Youth and Family Center

5135 NE Columbia Boulevard, Portland, Oregon 97218

## 2010 Summer Camp Application: Monday, July 12—Friday, August 13 For students entering 5th – 9th grade the fall of 2010

*Applications are due Friday, June 11, 2010. Space is limited, not all applications will be accepted. Accepted students will be notified Friday, June 18. Students must have an updated intake along with this application. For more information or to submit an application contact: Daniel Rowell at: 503.288.8177 ext 212, email: danielr@nayapdx.org, fax # 503.288.1260.*

Student Name: \_\_\_\_\_ Student eSIS # / Lunch Number: \_\_\_\_\_

Updated Intake? Yes \_\_\_\_\_ No \_\_\_\_\_ Unsure \_\_\_\_\_ Grade in Fall 2010: \_\_\_\_\_ School in Fall 2010: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Home Address: \_\_\_\_\_ Apt. # \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Please list two emergency contacts (adults), include their home and work phone number (please print):

1) Name: \_\_\_\_\_ home # \_\_\_\_\_ work # \_\_\_\_\_

2) Name: \_\_\_\_\_ home # \_\_\_\_\_ work # \_\_\_\_\_

Please list any Medical Conditions/Allergies that the participant may have: \_\_\_\_\_

Insurance provider and Policy Number as well as the personal Physician or clinic of the student: : \_\_\_\_\_

Will the student attend all 5 weeks of camp? If not, please explain why: \_\_\_\_\_

As the Parent/Guardian of \_\_\_\_\_, I give my permission for him/her to participate in the Native American Youth and Family Center 2010 Summer Camp. By signing this agreement I acknowledge that NAYA has my permission to drive my child in the NAYA vans and include my child in all of the Summer Camp activities unless otherwise specified. In the case of an emergency, the signature as attached below does hereby consent to any and all medical and surgical treatment including anesthesia and operations, which may be deemed advisable by his or her physicians, and surgeons to perform all examinations. I also agree that the patient when admitted is to remain in the hospital until his/her physician recommends the patients discharge. NAYA will not be held liable for any injuries or accidents caused to your child if they choose not to follow NAYA staff directions or rules.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Student Agreement: To be completed by the Camp participant:

I, \_\_\_\_\_, by signing this contract, agree to abide by all rules and regulations, as well as actively participate in the NAYA 2010 Summer Camp. I understand that noncompliance with any of the rules will result in disciplinary action. I will be respectful of my fellow NAYA students as well as respect the leadership and requests of the NAYA Volunteers and Staff. I will also actively follow and support the Native American Youth and Family Center Mission Statement and NAYA Core Values.

**NAYA Core Values:** Respect, Balance, Pride, Giving, Community, Tradition, Kindness, Accountability, Diversity & Leadership

**NAYA Mission Statement:** "To enhance the diverse strengths of our youth and families in the partnership with the community through cultural identity and education."

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### To be completed by the Parent/Guardian:

I, \_\_\_\_\_ have read the above expectations with my child/dependent and agree to support their efforts in abiding by these expectations and goals.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Camp starts at 9:00 am and ends at 4:00 pm Monday through Friday.  
NAYA will provide bus tickets for students, but will not be able to pick up or drop off students.**