



Native American Youth and Family Center
5135 NE Columbia Boulevard, Portland, Oregon 97218

2011 Summer Camp Application: Monday, July 11—Friday, August 12 For students entering 4th – 8th grade in the fall of 2011

*Applications are due Friday, June 3, 2011. Space is limited, **not all applications will be accepted.** Accepted students will be notified Friday, June 10. 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: _____

Current NAYA Client? Yes _____ No _____ Unsure _____ Grade in Fall 2011: _____ School in Fall 2011: _____

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: _____

Current Health Insurance provider and Policy Number as well as the clinic of the student (if insured): _____

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 2011 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 patient's 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 2011 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 3:15 pm Monday through Friday.
NAYA will provide bus tickets for students, but will not be able to pick up or drop off students.**