

Camp Igaliq July/August 2017

Kawerak Wellness Program

Important Camp Information

Application Deadline is June 16, 2017

Camp Igaliq is an opportunity for youth ages 15-18 to gather in an outdoor setting to learn a variety of skills, participate in activities, and work with Kawerak Wellness and Mentors. Camp Igaliq will take place outside of Nome, from July 31st through August 4th, 2017.

- All application materials must be returned to Kawerak Wellness by June 16. Fax: 443-4445 or E-mail: develop.coord@kawerak.org
- Participants will be selected based on a variety of factors; not first come first serve. However, you are encouraged to get your application in ASAP.
- You will be notified by June 30th of your application status and receive additional camp and flight information if accepted.
- Campers will fly to Nome the morning of Monday July 31st and return home the afternoon of Friday August 4th.
- All travel, food and lodging will be provided by Kawerak.
- There is no cell phone access at camp, but we will have a satellite phone in case of an emergency.
- If you have a family emergency while your child is at camp you will be able to contact Kawerak's front desk at 443-5231 to pass along information.
- If you have questions please feel free to contact...
Bertha Koweluk 443-4397 or Panganga Pungowiwi 443-4393.

Please keep this page for your information

Participant Application

APPLICATION DEADLINE-June 16, 2017

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Name: _____

Age: _____ Birthday: _____

Address: _____ P.O. Box: _____

City/Village: _____ Zip Code: _____

Parent Phone/Cell Phone No.: _____

Camp Applicant/Cell Phone No.: _____

Facebook/email address: _____

Why would you like to attend Camp Igaliq?

List your hobbies/what do you like to do in your free time?

What would you like to learn at Camp Igaliq?

Please list any other camps you have participated in:

Youth Participation Agreement

As a participant of Camp Igaliq I understand and agree to the following:

- I will respect and follow the Camp Rules at Camp Igaliq. as explained to me by mv camp staff.

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- I am responsible for my own actions and will act in a mature manner at all times.
- I agree to attend and participate in all scheduled activities, including my share of chores with a healthy attitude.
- I will NOT use alcohol, tobacco or other drugs during this gathering.
- I will honor the schedule: therefore, I will NOT be leaving the gathering, unless as a part of an organized activity.
- I will be accountable for my whereabouts at all times and will keep a staff person informed of my plans and activities.
- I give permission for images and/or video of myself to be used for any news, promotion, and education materials produced by Kawerak or related agencies.
- I UNDERSTAND THAT I WILL BE SENT HOME IF I DO NOT COOPERATE

I have read and hereby agree to abide by the above terms and conditions.

Signature: _____ Date: _____
(Youth Applicant/Participant)

I have read and discussed with my child the above Youth Participation Agreement terms and conditions and the consequences of violating the agreement.

Signature: _____ Date: _____
(Parent/Guardian)

Print Name: _____

Telephone (home): _____ Cell: _____

Telephone (work): _____

Emergency Contact Name and Phone #: _____

AUTHORIZATION FOR USE OF IMAGES AND OR VIDEO

Name: _____
(Youth Applicant/Participant)

Date of Birth: _____

Please Check:

_____ Yes, I give permission/authorization for images and/or video of my child to be used for any news, promotion, or education materials produced by Kawerak or related agencies.

_____ No, I do not give permission/authorization for images and/or video of my child to be used for any news, promotion, or education materials produced by Kawerak or related agencies.

Acknowledgment, Release, Indemnification

And

Emergency Medical Authorization Form

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Acknowledgement: I hereby acknowledge that I will respect and follow the Camp Rules at the Kawerak Wellness Program's Camp Igaliq , as explained to me by my camp staff. I hereby agree to abide by and enforce all such rules at all times while at the Our Savior's Lutheran Church (OSLC) Salmon Lake camp site and all other camp activities.

Release: I understand that there are inherent risks involved in camping and with camp activities at Camp Igaliq . I understand that Kawerak, Inc. and OSLC does not warrant, guarantee, promise or make any representations as to the condition of the camp site or any facilities, equipment, or other improvements thereon, or the fitness thereof for any purpose. I hereby release, discharge and hold harmless Kawerak, Inc. and/or OSLC, their officers, directors, employees, agents, representatives, successors and assigns, of and from and all liability, claim, demand or action, arising from or related to bodily injury or personal injuries know or unknown, death, or property damage resulting from my participation at Camp Igaliq. I personally assume all risks and take full responsibility for my participation and any resulting loss or damage to persons or property while participating at the Camp Igaliq.

Indemnification: I hereby agree to defend, indemnify and hold harmless to the fullest extent of law Kawerak, Inc. and/or OSLC and their officers, directors, employees, agents, representatives, successors and assigns against third party claims related to my participation at the Camp Igaliq, to the extent of my own negligence or fault.

Authorization For Emergency Treatment: I, the undersigned participant, or parent, guardian or custodian if the participant is under 18, hereby consent to and authorize the administration and performance of all needed medicines, surgical treatment, anesthetic, or other medical treatment, which, in the opinion of the attending physician, may be necessary and advisable in the event of any medical emergencies to the participant. I further consent to and authorize first responders, including persons on site at the camp, to administer initial emergency medical treatment (first aid) in the event of such emergency. It is understood that efforts shall be made to contact the undersigned parent, guardian or custodian (if applicable) prior to rendering emergency treatment to the participant.

Medical information:

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The following information is needed by any hospital, medical practitioner or first responder not having access to the participant's medical history:

Allergies: _____

Medical conditions: _____

Medication being taken: _____

Date of last tetanus shot: _____

Physical impairments: _____

Other pertinent Facts to which those treating the participant should be aware:

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Acceptance of Terms

I, _____, have carefully read all portions of this Acknowledgement and Release
(Parent/Guardian/Camper if 18 years of Age)
form, know the contents thereof, agree to all terms, and sign this form as a voluntary and knowing act.

Signature: _____ Date: _____

If signed on behalf of a minor:

Relationship of person signing Release and Acknowledgment to Minor: _____

(Note: must be Minor's parent, guardian or custodian)

Participant's Name: _____ Date of Birth: _____

Address: _____

Participant's health and accident insurance: _____

Emergency Contact Name: _____

Phone #: _____