

**2023 Camp Igaliq Application**  
**Kawerak Wellness**  
**Camp Dates: August 8<sup>th</sup> – 10<sup>th</sup>, 2023**

\*IMPORTANT Camp Information\*

**DEADLINE EXTENDED!!**

Application Deadline is Monday, July 24, 2023

Camp Igaliq is an opportunity for youth ages 14-18 to gather in an outdoor setting to learn a variety of skills, participate in activities, meet other youth from the region, and work with Kawerak Wellness and Mentors. Camp Igaliq will take place outside of Nome from August 8<sup>th</sup> through August 10<sup>th</sup>, 2023.

- All application materials must be returned to Kawerak Wellness by July, 14, 2023 end of business. Fax: 844-964-0128 or email [ZOKLEASIK@Kawerak.org](mailto:ZOKLEASIK@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 July 26, 2023, of your application status and receive additional camp and flight information if accepted.
- Campers will fly to Nome on August 7<sup>th</sup> and return home on August 11<sup>th</sup>.
- All travel, food and lodging will be provided by Kawerak Wellness Program.
- There is no cell service 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 907-443-5231 and they will relay the information out to camp.
- If you have questions, please feel free to contact Zoe Okleasik 907-443-4363, [ZOKLEASIK@Kawerak.org](mailto:ZOKLEASIK@Kawerak.org) or Bobby Koezuna 907-443-4392 [BKOEZUNA@Kawerak.org](mailto:BKOEZUNA@Kawerak.org)

\*Please keep this page for your information\*

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Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ PO Box: \_\_\_\_\_

City/Village: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent Name and Phone: \_\_\_\_\_

Parent Email: \_\_\_\_\_

Camp Applicant Phone: \_\_\_\_\_

Camp Applicant Email: \_\_\_\_\_

Why would you like to attend Camp Igaliq?

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

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What would you like to learn at Camp Igaliq?

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Please list any other youth camps you have participated in:

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**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 camp staff.
- I will not have access to my cell phone during Camp Igaliq, to ensure I am fully engaged in camp activities.
- 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 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 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: \_\_\_\_\_

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**AUTHORIZATION FOR USE OF IMAGES AND OR VIDEO**

Name: \_\_\_\_\_  
(Youth Applicant)

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.

Signature: \_\_\_\_\_  
(participant if over 18, parent/guardian if participant is under 18)

Date: \_\_\_\_\_

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**ACKNOWLEDGMENT, RELEASE, INDEMNIFICATION AND EMERGENCY MEDICAL**  
**AUTHORIZATION FORM**

**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 camp staff. I hereby agree to abide by and enforce all such rules at all times while at The Lutheran Cabins at Salmon Lake.

**Release:** I understand that there are inherent risks involved in camping and with camp activities at Camp Igaliq. I understand that Kawerak, Inc. and Salmon Lake Lutheran Camp Site does not warrant, guarantee, or promise or make any representations as to the condition of the camp site or any facilities, equipment, or other improvements thereon, on the fitness thereof for any purpose. I hereby release, discharge, and hold harmless Kawerak, Inc. and/or Salmon Lake Lutheran Camp Site, their officers, directors, employees, agents, representatives, successors, and assigns, from all liability, claim, demand or action, arising from or related to bodily injury or personal injuries known 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 Camp Igaliq.

**Indemnification:** I hereby agree to defend, indemnify and hold harmless to the fullest extent of the law Kawerak, Inc. and/or Salmon Lake Lutheran Camp Site 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 of Emergency Treatment:** I, the undersigned participant, or parent/guardian/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 such emergency. It is understood that efforts shall be made to contact the undersigned parent/guardian/custodian prior to rendering emergency treatment to the participant.

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**Medical Information:** 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  
(Parent/Guardian/Camper if 18 years of age)

Acknowledgement and Release 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 Acknowledgement 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/Relation: \_\_\_\_\_

Phone Number Emergency Contact: \_\_\_\_\_