Camp Igaliq July/August 2018
Kawerak Wellness Program

*Important Camp Information*

**Application Deadline is July 11, 2018**

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 22nd through July 26th, 2018.

- All application materials must be returned to Kawerak Wellness by July 11. Fax: 443-4445 or E-mail: wellness.dir@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 13th of your application status and receive additional camp and flight information if accepted.
- Campers will fly to Nome the afternoon of July 21st and return home the afternoon of July 26th.
- 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...
  Lena Danner 443-4397 or Panganga Pungowiyi 443-4393.

*Please keep this page for your information*

Participant Application

*APPLICATION DEADLINE-July 11, 2018*
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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 my 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 #:

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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
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 Bear Creek Fish Camp 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 Bear Creek Fish Camp 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 Bear Creek Fish Camp, 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 Bear Creek Fish Camp 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:
The following information is needed by any hospital, medical practitioner or first responder not having access to the participant’s medical history:
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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:
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

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 #: ________________________________