

# Camp Igaliq August 2019

Kawerak Wellness Program

## **\*Important Camp Information\***

Application Deadline is July 16, 2019

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 Anchorage at Birchwood Camp from August 7<sup>th</sup> through August 11<sup>th</sup>, 2018. All Campers will depart together from Nome to Anchorage on August 6<sup>th</sup> and will overnight in Anchorage with Camp Staff before driving to Birchwood on August 7<sup>th</sup>.

- All application materials must be returned to Kawerak Wellness by July 19. Fax: 443-4445 or E-mail: [wellness.dir@kawerak.org](mailto: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 26<sup>th</sup> of your application status and receive additional camp and flight information if accepted.
- Campers will fly to Nome August 5<sup>th</sup> or 6<sup>th</sup> depending on flight schedules and will return home August 12<sup>th</sup>.
- All travel, food and lodging will be provided by Kawerak.
- There is cell service at this camp, however there will be limited opportunities to charge your cell phone. Staff will have charged cell phones in case of emergencies.
- 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\*

# Camp Igaliq August 2019

Kawerak Wellness Program

## Participant Application

**\*APPLICATION DEADLINE-July 16, 2018\***

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:

---

---

# Camp Igaliq August 2019

## Kawerak Wellness Program

### 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.
- 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.

# Camp Igaliq August 2019

## Kawerak Wellness Program

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 Birchwood 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 Birchwood 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 Birchwood 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 Birchwood 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.

# Camp Igaliq August 2019

## Kawerak Wellness Program

### 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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

.....  
**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 #: \_\_\_\_\_