

2017 Youth Summer Camp!

Sponsored by Nome Community Center
and CAMP department

Application Due: June 2nd, 2017

Camp Fee: \$40 (non-refundable)

Limited Space Available, completed applications accepted on a first come first serve basis.
Please complete application and return with camp fee (check payable to Nome Community Center) to NCC's office, 505 West 3rd Avenue, Monday through Friday 8am-5pm. There is no refund unless applicant is unable to attend due to lack of space. If completed electronically email to staff@nomecc.org.

- | | |
|--------------------------|---|
| <input type="checkbox"/> | <i>Foxes: Ages 8-10, July 13-16</i> |
| <input type="checkbox"/> | <i>Wolves: Ages 10-12, July 27-30</i> |
| <input type="checkbox"/> | <i>Bears: Ages 12-14, August 10-13</i> |

(Place an "X" marking the appropriate session.)

Participant/Camper Information

Last Name: _____ First Name _____

Phone Number (Participant): _____

Date of birth: ____/____/____

Age _____ Grade completed _____

Circle one: **Male Female**

Sweatshirt Size : **YS YM YL YXL AS AM AL AXL**

Ethnicity: Alaska Native Caucasian _ Other _ Prefer Not to Answer _____

Parent/Guardian Information

Primary Contact Name: _____

Address: _____

Phone: _____ Work or cell phone number: _____

Email address: _____

Secondary Contact Name: _____

Address: _____

Phone: _____ Work or cell phone number: _____

Email address: _____

Emergency Contact (other than parent)

In case of **emergency** please call:

Home phone: _____ Cell: _____

Work: _____

Relationship to participant: _____

Medical Information

Health Insurance Company: _____

Policy Number: _____

Primary Care Physician: _____

Does the participant have any allergies (ie. foods, insects, medicines)? Check one :
 Yes **No**

If “yes” please explain.

Does the participant take any medications? Check one **Yes** **No**

If “yes” please explain and note dose and frequency.

Any physical impairments or disabilities we should know about (vision requiring corrective lenses, asthma, diabetes, injuries, etc.)? Check one **Yes** **No**

If “yes” please explain.

****Date of last Tetanus shot (REQUIRED):** _____

If unknown, please call public health to access your child’s records. Applications without this information will be considered incomplete.

RELEASE, INDEMNIFICATION, AND EMERGENCY MEDICAL TREATMENT
AUTHORIZATION

In consideration of the permission granted to _____ (participant) to participate in the 2017 Camp CRAVE Youth Camp, the undersigned Participant or if the Participant is under the age of 18, his/her parent or legal guardian, do hereby execute this release, and indemnification for himself/herself and his/her heir, successor, representatives and assigns and hereby agree:

To release Nome Community Center (NCC), NCC partners, Danielle and Matt Slingsby and Bear Creek Fish Camp, their employees, officers, volunteers, and agents from any and all liability, loss, damage, costs, claims or causes of action including all personal injuries and property damage, arising out of the sole negligence of the aforementioned agencies and individuals there within.

The undersigned further agrees to defend, indemnify, and hold harmless NCC, NCC partners, Danielle and Matt Slingsby, and Bear Creek Fish Camp, their officers, employees, volunteers, and agents from any and all claims, damages, losses, liabilities or expenses (including but not limited to reasonable legal, consulting and other fees) (the Claims and Liabilities) which may be asserted against, imposed upon or incurred by NCC, NCC partners the undersigned's obligation to defend, indemnify, and hold harmless shall not apply to any Claims and Liabilities that arises as a result of the negligence of the aforementioned parties.

AGREEMENT AND CONSENT FOR PARTICIPATION AND NECESSARY
TREATMENT

This is to certify that, I, the undersigned parent/guardian do hereby consent to and authorize the participation in the NCC activities, as well as administration and performance of all needed medicines, surgical treatment and administration of any anesthetic, which in the opinion of the attending counselor who is responsible for medications may be necessary and advisable in the event of any medical emergencies to the Participant. It is understood that efforts shall be made to contact the undersigned parent or guardian prior to rendering emergency treatment to the patient.

I, _____ (the undersigned), agree to all provisions listed herein.

Participant's Name: _____

Date of birth: ____/____/____

Parent/Legal Guardian Signature: _____

Date signed: ____/____/____

MEDIA RELEASE

The undersigned agrees to release all rights to the original and all future versions of any pictures, audio, video, and all types of media taken at the 2017 Camp CRAVE Youth Camp. I approve by my signature the production and reproduction any photos, audio and video to any and all forms of media deemed appropriate by NCC.

Signature of Parent or Legal Guardian:

Relationship _____

Date signed: ____/____/_____

TRANSPORTATION WAIVER

I authorize the Nome Community Center staff, NCC Partners and staff, and Bear Creek Fish Camp Staff to provide car and boat transportation for my child, _____ . I hereby waive, release, discharge, hold harmless and indemnify Nome Community Center (NCC), NCC partners, its staff, from and against any and all claims, suits, damages, costs, fees, (including, but not limited to, reasonable attorney’s fees), loss of life, expenses, causes of action, judgments, and liabilities of every nature or kind (collectively “liabilities”), in equity or law, in any manner arising out of or in connection with NCC, NCC partners or Bear Creek Fish Camp.

If any provision of this agreement, or the application of the same is held invalid, all remaining provisions of this agreement and the application of such provisions to circumstances other than those which are held invalid shall not thereby be held invalid, and to this end the provisions of this agreement are expressly understood and agreed by the parties to be severable.

Signature of Parent or Legal Guardian:

Student Name _____

Date signed: ____/____/_____

REQUIRED PARENT/GUARDIAN PARTICIPATION

An essential component of Camp Crave is parent participation. Parents are required to attend a parent information session, which will be held on **July 6th at 7:00pm at Nome Covenant Church**. If you cannot make this meeting, please call the NCC office to find a time to meet. Additionally parents or adult mentor (allowed in extenuating circumstances) are required to participate in a post-camp Parent BBQ with camper awards given and memories shared. The BBQ will be held upon the camper's return on Sunday from 5:00pm-6:30pm, Foxes July 16, Wolves July 30, Bears August 13.

Failure to report to these activities will jeopardize your child's chances of participating in Camp CRAVE in future years.

AGREEMENT (REQUIRED)

I understand I am required to attend the Camp CRAVE parent meeting and the Family BBQ. In addition, I understand that once a deposit is made, there is no refund unless camper is unable to attend due to lack of space. I also agree to notify Nome Community Center staff immediately of any changes with participant's application information or if he/she is unable to attend.

Signature of Parent or Legal Guardian:

Participant's Name _____

Date signed: ____/____/____

Camper Pre-test

(Participants are **required** to fill out this page for admission to camp)

Camper Name (first and last) _____

Share why you want to go to camp.

List as many traditional values you think are important.

Name 2 ways to prevent diabetes.

Name 3 bad things tobacco does to your body.

Name the most important thing to drink.

Name one healthy food you can get from the tundra.

How many minutes should you exercise every day?

Name 2 fun ways to get more exercise.

PLEASE KEEP THIS PAGE FOR YOUR RECORDS

IMPORTANT DATES

FOXES CAMP (ages 8-10)
July 6th, 7:00pm Parent Meeting
Camp CRAVE Foxes, July 13-16
July 16th 5:00-6:30pm Family BBQ

WOLVES CAMP (ages 10-12)
July 6th at 7:00pm Parent Meeting
Camp CRAVE Wolves, July 27-30
July 30th 5:00pm-6:30pm Family BBQ

BEARS CAMP (ages 12-14)
July 6th at 7:00pm Parent Meeting
Camp CRAVE Bears, August 10-13
August 13th 5:00pm-6:30pm Family BBQ

REQUIRED PARENT/GUARDIAN PARTICIPATION

An essential component of Camp Crave is parent participation. Parents are required to attend a parent information session, which will be held on **July 6th at 7:00pm at Nome Covenant Church** (corner of Bering St. and Front St.). If you cannot make this meeting, please call the NCC office to find a time to meet. Additionally parents or adult mentor (allowed in extenuating circumstances) are required to participate in a post-camp Family BBQ with camper awards given and memories shared. The BBQ will be held upon the camper's return on Sunday from 5:00pm-6:30pm, Foxes: July 16th, Wolves: July 30th, and Bears: August 13th.

Failure to report to these activities will jeopardize your child's chances of participating in Camp CRAVE in future years.

Please note that there is no refund unless your camper is put on the waiting list and will not be able to attend due to space. Please make sure to contact Nome Community Center at 907-443-5259 or staff@nomecc.org if there are any changes with the participant's application information or if he/she is unable to attend.