



# Nuuciq Spirit Camp Youth Application

Please mail, fax, or hand-deliver your completed application by **May 15, 2017**. Priority will be given to complete applications received by the deadline. Applications received after the deadline will be considered on a case-by-case basis.

<b>Parent's Full Name</b>	<b>Applicant's Full Name</b>	<b>Age</b>	<b>Date of Birth</b>
<b>Email</b>	<b>Primary Phone</b>	<b>Shirt Size</b>	<b>Gender</b>
<b>Mailing Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Shareholder Status</b>	<b>If unaffiliated, explain</b>		

## Emergency Contact Information

<b>Name</b>	<b>Phone Number</b>	<b>Relationship</b>

## Sessions

Please rank the sessions in order of preference that you wish to attend. Session availability varies depending on capacity and travel logistics.

\_\_\_\_\_ Session 1: July 9<sup>th</sup>- 16<sup>th</sup>, 2017

\_\_\_\_\_ Session 2: July 16<sup>th</sup>- 23<sup>rd</sup>, 2017

## Travel Information

<b>Departing from</b>	<b>Returning to</b>	<b>Weight</b>	<b>Do you have an escort?</b>	<b>Name of escort, if applicable:</b>
			<b>Yes or No</b>	

Youth (under the age of 12) are required to travel with their authorized escorts. If there are any additional campers that you would like your child to travel with please list their full names. Accommodations will be made based on availability.

1. \_\_\_\_\_ 2. \_\_\_\_\_
3. \_\_\_\_\_ 4. \_\_\_\_\_



# Nuuciq Spirit Camp Youth Application

## Parent Authorization & Acknowledgement

### Parent/Guardian Approval

I hereby give my permission for my child to attend Nuuciq Spirit Camp. My child has permission to engage in all camp activities including special trips, except as noted in the Medical History Form. I understand that reasonable measures will be taken to safeguard the health and safety of my child, and that I will be notified as soon as possible in case of emergency.

### Drug Policy

I further understand and acknowledge that Nuuciq Spirit Camp is a drug and alcohol free environment, with a **zero tolerance policy**. If my child is found to be involved in the use, possession, sale, manufacture or transfer of illegal drugs or alcohol while at Nuuciq Spirit Camp, I understand that he or she may be removed from camp at the expense of the parent/guardian.

### Bag Search Policy

I understand and acknowledge that all bags are subject to search at any given time. I understand that the following items are prohibited: firearms, explosives, fireworks, alcohol, drugs, and tobacco products if under the age of 19.

### Photo/Video Release

I hereby give permission for my child's photograph, name, and video image to be used by the Chugach Alaska Corporation and Chugach Heritage Foundation.

**My signature acknowledges and authorizes that I have read and understand the above policies and releases.**

Parent Name: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

### Escort Authorization for Youth Under the Age of 12

I hereby authorize my child to be escorted to and from the Nuuciq Spirit Camp. This adult has agreed to be fully responsible for my child.

Escort Full Name: \_\_\_\_\_ Escort Phone Number: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Additional Requirements

Have you completed the Descendent Registration with CAC Shareholder Services? \_\_\_\_\_

Have you submitted updated immunization records? \_\_\_\_\_



# Nuuciq Spirit Camp Youth Application

## General Medical History

### Confidential (Authorized Personnel Only)

Should you require more space please use additional pages.

**Participant's Full Name:** \_\_\_\_\_

**Operations/Serious Injuries:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Limitations and Special Requirements:** i.e. dietary needs, allergies, restrictive activity, physical or other limitations, etc., (be specific): \_\_\_\_\_

**Medications:** List medication's name, dosage, and directions sent to camp.  
(Note: all medication must be in original container and prescribed by a licensed physician, which will need to be turned into the camp health care provider upon arrival for dispensing):

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

**Other Health Concerns:** \_\_\_\_\_

### Authorization (Initial)

\_\_\_\_\_ This health history is true and accurate to the best of my knowledge, and the person herein described has permission to engage in all the prescribed camp activities including special trips, except as noted by me.

\_\_\_\_\_ I understand that reasonable measures will be taken to safeguard the health and safety of my child and that I will be notified as soon as possible in case of emergency.

\_\_\_\_\_ In case of sickness or accident, I authorize medical evaluation by the camp health care provider and/or providing of other necessary medical services. Should **medical attention** be required, other than that provided by the camp insurance coverage, I will pay for incurred expenses.

\_\_\_\_\_ Youth with a contagious disease on the date of travel to Nuuciq Spirit Camp (NSC) may be excluded from travel to NSC. Youth with a contagious disease while at NSC, may be excluded from NSC programs and activities. A contagious disease, as defined by Alaska Statute Sec. 18.15.395(3), is an infectious disease that can be transmitted from individual to individual.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_