

Nurturing our Resilience
Native Youth GONA 2018
Rising 9th- 12th grade
Space is Limited
Registration Due July 22, 2018

Application

Name: _____ Age: _____ Gender: _____
School Currently Attending: _____
Tribal Affiliation: _____ T-Shirt Size: Adult /Child _____
Parent Email: _____
Legal Guardian Name: _____ Phone #: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Legal Guardian Email: _____

Accommodations

Do you have any food allergies or dietary restrictions? No / Yes: _____
Do you have any allergies to medication? No / Yes: _____
Do you have any health restrictions? No / Yes: _____
Are you currently taking any medications? No / Yes: _____
Name of medication(s): _____
Dosage: _____
Times to administer: _____
Is your child able to self-administrate? No / Yes:
Any additional accommodations: _____

Room Preferences

Please list who you would like to share a room with: _____

Please list any siblings or relatives who will also be attending: _____

ACCIDENT WAIVER AND RELEASE OF LIABILITY

Student First Name: _____ Student Last Name: _____

Street Address: _____ City: _____ Zip Code: _____

Email: _____ Phone #: _____

Tribal Affiliation: _____

Emergency Contact Name: _____

Relationship: _____ Phone #: _____

In consideration of being allowed to participate in any way in the above referenced event, I, the undersigned, acknowledge and agree that:

1. Physical exercise, sport, wellness, and recreational activities may cause injury. I understand that there is an inherent risk of injury when choosing to participate in any physical exercise, sport, and/or recreational activities. My participation is a voluntary activity in all respects. I assume all risks of injury and illness that may result from participation in any group activities or individual activities such as skating. I acknowledge that this activity has the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, lack of hydration, and actions of other people including, but not limited to, participants, volunteers, monitors, sponsors and/or producers of the activity.
2. I understand that it is my responsibility to consult a physician before I undertake any physical activity such as participating in the above reference event. I certify that I am in good health and sufficient physical condition to properly participate in the above referenced event. I am knowledgeable about the proper use of any equipment and/or facility that I will use and the rules of any activities that I will participate in.
3. I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:
 - a. I HEREBY FULLY WAIVE, RELEASE, AND DISCHARGE the Seattle Indian Health Board. (SIHB), its Directors, officers, employees, volunteers, sponsors and agents, and those whose facilities are being used for the above referenced event and/or related activities (collectively, the "Released Parties"), from any and all liability, claims, and causes of action from damage to or loss of personal property, illness or injury from whatever source, legal entanglements, imprisonment, death, or loss of money, other damages or loss which I may have or which may accrue to me based on my participation including but not limited to, liability arising from the negligence or fault of the entities or persons released herein, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this event and/or related activities.
 - b. I FURTHER AGREE TO INDEMNIFY, HOLD HARMLESS, PROMISE NOT TO SUE AND DEFEND THE RELEASED PARTIES from any and all liabilities or claims resulting from injuries or illness (including death), damages, or loss, including, but not limited to attorneys' fees, sustained by me arising out of, connected with, or in any way associated with my participation in the above referenced event and/or related activities, whether caused by the negligence or otherwise.

BEHAVIORAL EXPECTATIONS

The Seattle Indian Health Board and partnering agencies respectfully request all attendees abide by the Code of Conduct as a condition of their participation in the 2018 Youth GONA. The following rules of conduct apply to all youth participants and adult volunteers participating in the 2018 Youth GONA.

Please read to ensure everyone has a fun and safe time at GONA

- ❖ Students must commit to all three days of programming
- ❖ All youth participants and adults volunteers shall conduct themselves in a respectful manner and agree to abide by all GONA norms and rules conveyed by the GONA facilitators, workshops presenters, and SIHB and staff including the following:
 - No fighting, arguing, or dangerous horseplay, which might injure another person, will be allowed.
 - No profane language on the GONA Grounds.
 - No bullying or harassment.
 - Follow established guidelines for 9 pm “Shower time” and 10 pm “Lights out.”
- ❖ All youth participants and adult volunteers will show respect and conduct themselves in an honorable manner in the presence of GONA facilitators, workshops presenters, SIHB and to anyone else who enters the GONA Grounds.
- ❖ Youth must notify appropriate GONA Staff if they witness any youth participant breaking the behavior expectations.

The following are prohibited; and use of or possession of may result in removal from GONA grounds

- ❖ Alcohol, marijuana or any other kind of illegal, non-prescribed drugs.
- ❖ Weapons of any kind
- ❖ Gang attire and colors, or any clothing considered distasteful or restrictive.

Youth Participant Signature
(if under 18 years old)

Legal Guardian Signature

Parents/Legal Guardians are responsible for the transportation of their youth back home, if for any reason there is an infringement of the Code of Conduct. Parents/Legal Guardians will be required to take the appropriate actions.

Please attach copy of Insurance Card

THIRD PARTY CONSENT FOR MEDICAL SERVICES FORM

**Guardian's Authorization for Consent to Medical Treatment or Intervention of
Minor Child**

I, _____ the parent, or legal guardian of _____
(Legal Guardian's Name) (Youth's name)

Age: _____ Date of Birth: _____

Authorize the adult representative of **Seattle Indian Health Board** to consent to any X-Ray, examination, anesthetic, medical or surgical supervision on advice of any physician or surgeon licensed to practice medicine, when the need for medical treatment or intervention is immediate and when efforts to contact me are unsuccessful.

Medical Insurance Information

Medical Insurer: _____

Policy Number: _____

Primary Doctor's Name: _____

Phone #: _____

Hospital Information

Name: _____

Address: _____

Phone #: _____

Legal Guardian Signature

Date

PERMISSION TO PHOTOGRAPH, VIDEO & PUBLICIZE

Subject: **Nurturing Our Resilience Gathering of Native American Youth 2018**

Event Location: **University of Washington Seattle Campus, August 28th – 31st, 2018**

I grant to SIHB, its representatives and employees, the right to take photographs of me and my property in connection with the above identified subject. I authorize SIHB, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that SIHB may use such photographs of me with or without my name and for any lawful purpose, including for purposes such as publicity, illustration, advertising, web content, and fundraising.

I have read and understand the above:

Signature: _____

Printed Name: _____

Organization Name (*if applicable*) _____

Address: _____

Email: _____ Date: _____

Signature, parent or legal guardian (*if under age 18*): _____

EMERGENCY CONTACT INFORMATION

In case of an emergency, please list whom we need to contact in order of priority.

Legal Guardian: _____ Relationship to youth: _____

Home Phone: _____ Work/Message Phone: _____

Second to Contact: _____ Relationship to youth: _____

Home Phone: _____ Work/Message Phone: _____

Third to Contact: _____ Relationship to youth: _____

Home Phone: _____ Work/Message Phone: _____

I understand that the information given on this form will be used to contact members and relatives for emergencies only.

____ (initials)

Will one of the above contacts be responsible for transporting the youth participant to the designated drop-off and pick-up location at University of Washington?

Yes, please specify who: _____

No, please provide contact information:

Name: _____ Relationship to youth: _____

Home Phone: _____ Work/Message phone: _____

Are you requesting alternative transportation arrangements?

No

Yes, please explain: _____

Legal Guardian Signature

Date

2018 GONA Packing List

Please keep this list for your reference

It is necessary to bring all of the items listed below. *If you do not have any of these, please contact SIHB staff.*

- ___ 1 Pair - comfortable, sturdy walking shoes with good tread
- ___ 1 Pair - sandals or flip flops
- ___ 3 Pair - socks
- ___ 3 Pair - underwear
- ___ 3 Pair - shorts or pants
- ___ 3 Short sleeve shirts (T-shirts)
- ___ 1 Backpack
- ___ 1 Refillable water bottle
- ___ 1 Sunscreen SPF 30+ *as needed*
- ___ 1 Chap Stick or lip balm
- ___ Toiletries (Basics: toothbrush, toothpaste, feminine products, brush/comb, shampoo & conditioner, and soap)
- ___ Deodorant
- ___ **Personal Medications (allergy, asthma, etc.) *items must be checked in with staff***

OPTIONAL ITEMS:

Camera, journal, etc.

PLEASE DO NOT BRING:

iPods, iPads, computers or other electronic devices! Please no junk food or soda! Cell phones allowed by time restrictions.

Questions? Email youthservices@sihb.org