



**The Snoqualmie Indian Tribe is happy to announce the dates for this year's Cultural Youth Camp  
Sunday August 19<sup>th</sup> -Wednesday August 22<sup>nd</sup>, 2018**

The overnight-camp will take place at Camp Waskowitz in North Bend, WA on Sunday August 19<sup>th</sup>-Wednesday August 22<sup>nd</sup>. It is open and free to Native American 5<sup>th</sup>-12<sup>th</sup> graders.

The focus of the camp is to emphasize health and fitness and will include the following: cultural crafts, traditional foods, language, environment conservation, safety and first aid training, various sports, swimming, canoe safety and training, and traditional storytelling and fun, fun, FUN!

If interested please submit the attached application no later than July 15<sup>th</sup>, 2018. Additional applications can be found on the website or picked up from the Tribal Administration Building.

**For additional information about the camp please go to our website:**

<http://www.snoqualmietribe.us/youthcamp>

**For any specific questions or concerns please contact either:**

Youth Camp Coordinator	Jo-Anne Dominick	425-281-4855
Youth Camp Coordinator	Franchesca Curtis	425-229-4028
Youth Camp Coordinator	Ginger de los Angeles	425-777-0534





# SNOQUALMIE INDIAN TRIBE CULTURAL YOUTH CAMP AUGUST 19<sup>TH</sup> -22<sup>ND</sup>, 2018

## CAMPER INFORMATION SHEET-----

- Date: Sunday, August 19th through Wednesday, August 22nd
- Where: Camp Waskowitz in North Bend, Washington
- Drop Off/Pick up: Parents or guardians will need to drop off their children at the Registration table between 9am and 10am on Sunday, August 19th. Pick up will be at the same location and will require a check out with staff prior to departure. Events will start immediately at 10:30am. Your child will not get to participate in morning activities if they arrive late. No child will be registered after 11am. Please do not come late!
- Activities: The Camp emphasizes healthy living and traditional culture throughout the week. Some of the activities planned are: traditional foods and plants, hikes, pulling in a canoe, and other fun Cultural activities.
- Food: Campers will be served three meals each day. All campers eat together in the camp dining hall. Snacks will also be provided. **Please do not bring candy – any candy brought to camp will be taken away.**
- Lodging: Campers will stay with other campers of their age and gender. Groups will consist of no more than 8 to 10 campers. Each group will have at least two counselors.
- Final Day: The Camp ends on Wednesday, August 22nd. Parents or guardians picking up their children from Camp Waskowitz will need to be there no later than 5:00 pm.

*Please note: If you have arranged for someone else to pick up your child, please coordinate with staff first, and the designated adult has written permission to transport your child.*

### Items to Pack:

*(Please make sure to label item with your name!)*

- |                                      |                                    |
|--------------------------------------|------------------------------------|
| 5 changes of socks and underwear     | Sleeping bag                       |
| 4 pairs of jeans or shorts           | Pillow                             |
| 4 shirts (no inappropriate material) | 2 bath towels & washcloths         |
| 2 pairs of shoes                     | Soap & shampoo                     |
| Sandals or flip-flops                | Toothpaste & toothbrush            |
| Warm Jacket                          | Sunscreen                          |
| Bathing suit                         | Flashlight with extra batteries    |
| Sweatshirt                           | Camera (optional)                  |
| Warm clothes for evening activities  | Insect repellent (non aerosol can) |

**Please keep this sheet for your information**



# SNOQUALMIE INDIAN TRIBE CULTURAL YOUTH CAMP AUGUST 19<sup>TH</sup> – 22<sup>ND</sup>, 2018

## APPLICATION-----

Camper Name (First, Middle, Last) \_\_\_\_\_

Nickname: \_\_\_\_\_

Gender:(Circle one)                      MALE                      FEMALE

Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_                      Grade as of Sept 2018: \_\_\_\_\_

Name of siblings who are also coming to Youth Camp: \_\_\_\_\_

Shirt size:(circle one)                      Adult Small    Adult Medium                      Adult Large                      Adult XL                      Adult 2XL

Does this camper have any physical restrictions or limitations that would prevent them from participating in any activities? If yes, please explain.

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

What is your Child’s Swimming Capabilities? (There will be a canoeing activity/Life Jackets Provided)

Weak Swimmer

Moderate Swimmer

Strong Swimmer

Does this camper have any food allergies or dietary restrictions? If yes, please list:

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

Do you have any special concerns that we should be aware of?

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

Please submit your completed application to:

Mail: Attn: Culture Department, Post Office Box 969 Snoqualmie, WA 98065

Email: [ginger@snoqualmietribe.us](mailto:ginger@snoqualmietribe.us)



# SNOQUALMIE INDIAN TRIBE CULTURAL YOUTH CAMP AUGUST 19<sup>TH</sup>-22<sup>ND</sup>, 2018

## MEDICAL INFORMATION

Name of Camper: \_\_\_\_\_

Information for Parent or Guardian #1:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Information for Parent or Guardian #2:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Phone  
Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Insurance Carrier/Group and Policy number:  
\_\_\_\_\_

Medications & Medical History or Concerns:  
\_\_\_\_\_  
\_\_\_\_\_

Please note: All medications must be given to the camp nurse in the original bottle with directions and camper's name. Siblings will not be allowed to share medications without a doctor's order.

Medications the camper is currently taking:  
medication:

Time to administer

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

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

Allergies: Including Camper's known allergies (food or insect bites):  
\_\_\_\_\_

In case of headache or other pain, I give permission for my child to receive Tylenol or Aspirin (please circle one):

Yes      No

Alternate Emergency Contact (In case of emergency, my child may be released to the individuals listed below):

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Relationship to camper: \_\_\_\_\_

Relationship to camper: \_\_\_\_\_



# SNOQUALMIE INDIAN TRIBE CULTURAL YOUTH CAMP AUGUST 19<sup>TH</sup>-22<sup>ND</sup>, 2018

## LIABILITY WAIVER-----

**Please read this form carefully and be aware in registering your child, or ward for participation in this program you will be releasing all claims for injuries and waiving rights to photo, transportation and movie your minor child/ward might participate during this program. (Please initial below)**

\_\_\_\_\_ As a participant in the program or the parent/guardian of a participant in the Snoqualmie Tribe Cultural Youth Camp event, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damages, or loss which I or my minor child/ward may sustain as a result of participating in any or all activities connected with or associated with such program.

\_\_\_\_\_ I agree to waive and relinquish all claims my minor child/ward or I may have as a result of participating in the program against the Snoqualmie Tribe and its officers, agents, servants, volunteers, and employees. I do hereby fully release and discharge the Snoqualmie Tribe Cultural Youth Camp and its elected officials, officers, agents, servants, volunteers, and employees from injuries, including death, damage, or loss which I or my minor child/ward may have or which may accrue to me or my minor child/ward on account of my participation in the program.

\_\_\_\_\_ In case of sickness, I authorize the Snoqualmie Tribe Cultural Youth Camp or its representative to administer the medications listed in the Medical Information section in the application.

\_\_\_\_\_ In case of an accident or emergency, I consent to the Youth Camp Director determining the severity of the situation and taking action if needed. I understand that I will be notified in case of emergency, but if I am unable to be reached, that the Youth Camp Director has the authorization to seek emergency medical care provided by ambulance or hospital personnel and to make decisions in my stead until I or my Emergency contacts are able to be there.

\_\_\_\_\_ I agree to allow Snoqualmie Tribe Cultural Youth Camp to take pictures of my child, during their participation in Snoqualmie Tribe Cultural Youth Camp. The pictures are intended to show children engaged in the activities (sports, drumming, learning, etc.) provided by the Snoqualmie Tribe Cultural Youth Camp. The Snoqualmie Indian Tribe owns the exclusive rights to all such photos taken. The photos will only be used for promotional purposes: Including fundraising, media outreach, and community support. Photos may be posted on the Internet for these purposes.

\_\_\_\_\_ I agree to allow employees or volunteers of the Snoqualmie Tribe Cultural Youth Camp to transport my child in a Tribal vehicle with the understanding that the driver has valid Washington State driver's license and meets all other Tribal requirements to transport clients in Tribal Vehicles. The Snoqualmie Tribe carries liability insurance in accordance with the Snoqualmie Tribal policies and procedures.

\_\_\_\_\_ I allow my child to watch a film of rating PG " \_\_\_\_\_ " while attending the Snoqualmie Tribe Cultural Youth Camp.

By signing you are acknowledging that you & your child(ren) have read & are committed to abide by these guidelines.

Name of Child: \_\_\_\_\_

Parent Name or Legal Guardian (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**WASKOWITZ WSU 4-H CHALLENGE HEALTH FORM Youth Program**

**Group Name:** \_\_\_\_\_ **Program Date:** \_\_\_\_\_

\_\_\_\_\_ Male \_\_\_ Female \_\_\_  
**Name of youth** Birthdate

\_\_\_\_\_ City State Zip  
 Address

**MEDICAL HISTORY**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <b>YES</b>               | <b>NO</b>                |  |
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Do you have any physical complaints or chronic illness at this time?<br>If yes, what: _____         |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Have you had injuries in the past (i.e., back, knee, shoulder, elbow, etc.)?<br>If yes, what: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Are you currently under the care of a physician or practitioner of any sort?<br>If yes, why: _____  |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Are you taking medicines of any type?<br>If yes, what: _____  |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Are you on a special diet?<br>If yes, what kind: _____  |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Do you have or have you ever had:   |
| <input type="checkbox"/> | <input type="checkbox"/> | a. Diabetes? If yes, are you taking insulin? How much? _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | b. Seizures?   |
| <input type="checkbox"/> | <input type="checkbox"/> | c. Asthma? <b>If you have an inhaler please bring that with you on the course</b>                      |
| <input type="checkbox"/> | <input type="checkbox"/> | d. Allergies? To what: _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | * e. Are you allergic to bee stings? Type of reaction: _____   |
|                          |                          | _____  |
| <input type="checkbox"/> | <input type="checkbox"/> | *If yes, (please carry your medication with you on the course)   |
| <input type="checkbox"/> | <input type="checkbox"/> | f. Any other medical information? _____  |
|                          |                          | 7. <b><u>Emergency Contact Person:</u></b> _____   |
|                          |                          | <b>Emergency Contact Phone Number:</b> _____   |

Name of Physician: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Insurance: \_\_\_\_\_ Group & ID Number: \_\_\_\_\_

I approve of emergency care for myself or the above minor under the direction of the event leader or consulting doctor, if I am unable to make my wishes known. (Cross out the last statement if you do not wish to grant medical consent). I have read, understand and agree to the above listed statement and do sign this agreement of my own free will. I hereby release 4-H, its employees and volunteers from any and all liability with relationship to the above mentioned person's participation on the Waskowitz 4-H Challenge / Ropes Course. This release includes the transportation to and from the site of the activities as well as the activities themselves.

\_\_\_\_\_  
 Signature of Participant (if 18 or older)  
**if under 18, signature of parent/guardian**

WSU 4-H CHALLENGE COURSE at Waskowitz Outdoor School  
ASSUMPTION OF RISK, RELEASE OF LIABILITY AND CONSENT

**PLEASE READ BEFORE SIGNING** Group Name: \_\_\_\_\_ Program Date \_\_\_\_\_

To all Adult Participants, and to all Parents or Guardians of Minor Participants:

You or your child has been invited to participate in the **WSU 4-H Challenge Course Program at Waskowitz.**

**All participants must have a copy of this form and a Medical History Form** signed by themselves (if an adult) or by their parent or guardian (if a minor) as a condition of participation.

1. All participants are advised that the Challenge Course activities involve some strenuous physical activity. Some (such as hiking, rappelling, and climbing) present a risk of injury higher than that which people normally face in their everyday lives. This risk of injury cannot be wholly relieved by any preventive measures, whether restrictive rules, training, equipment or personal discipline. For each activity in the Challenge Course Program, the skills required to participate safely in the activity will be described. The decision whether to engage in any particular activity that forms part of the Challenge Course Program shall be entirely the participant's. Participation in the Program in no way obligates anyone to engage in any activity they do not feel they can accomplish.

2. On behalf of my minor child, (or on my own behalf, if an Adult Participant), I expressly acknowledge my full understanding of the risks of injury, including serious injury, disability or death, that participation in the Challenge Course Program entails. I acknowledge that I have had full opportunity to discuss the nature and extent of these risks with officials of the WSU 4-H Challenge Program, in order to inform myself fully on this subject. Based on that full understanding, I freely and knowingly assume all such risks, whether specifically known and unknown, even if arising from the negligence of WSU or any agent of WSU. I accordingly assume full and sole responsibility for my (or my minor child's) participation in the Challenge Course Program.

3. I agree to comply with all stated customary terms and conditions for participation in the Challenge Course Program. *[NOTE: Parents or guardians cannot agree to this on behalf of their minor children. The minor child must sign this document himself or herself].* I, and/or my minor child, recognize and acknowledge that if I or he/she experience any unusual concerns regarding participating in any aspect of the Challenge Course Program, I or he/she is free at any time to cease participation in the Program. In such a case the appropriate group leader(s) should be notified immediately.

4. On behalf of myself and on behalf of my minor child (to the extent allowed by law), I hereby release and forever discharge Washington State University, Its 4-H Program, the Challenge Course Program, and all of the employees, officers, volunteers or agents of those entities, including as well any third party sponsors of Challenge Course activities, lessors of premises used to conduct Challenge Course events, other participating or sponsoring agencies for the Program, and all others associated with producing and administering the Challenge Course Program, from and against any and liability, including but not limited to damage to property, personal injury, disability or death, resulting from my or my minor child's involvement in any aspect of the Challenge Course Program. This release applies whether the alleged injuries or damages arise from the negligence of any of the parties released in the previous sentence or not, to the fullest extent allowed by law.

5. To the fullest extent allowed by law, I, for myself and/or my minor child, and for any of our respective heirs, assigns, personal representatives and next of kin, hereby agree to indemnify and hold harmless all the parties released in Article 5 hereof from and against any and all liabilities arising from my participation in the Challenge Course Program. This undertaking to provide indemnity shall apply, to the fullest extent allowed by law, even if the liability asserted against any of the indemnified parties arises wholly or partially from their own negligence.

6. I understand that I may report any prescription medication which I may take under medical supervision, and any existing medical, physical or mental condition which may affect my ability, or the ability of my minor child, to participate in Challenge Course activities, to the group leader before the outing commences. I also understand and agree that no use of alcohol, tobacco or drugs (aside from prescription medications described in the previous sentence) is permitted on any Challenge Course Program.

I HAVE READ THIS ASSUMPTION OF RISK, RELEASE OF LIABILITY AND CONSENT. I FULLY UNDERSTAND ITS TERMS AND THAT BY MY SIGNATURE I GIVE UP CERTAIN RIGHTS I MIGHT OTHERWISE HAVE UNDER LAW. I SIGN THIS DOCUMENT FREELY AND VOLUNTARILY, WITHOUT ANY INDUCEMENT.

I, \_\_\_\_\_ (parent/guardian or Adult Participant) hereby consent to allow \_\_\_\_\_ (minor child) to participate in the WSU 4-H Challenge Course Program, under the terms as set forth in this Assumption of Risk, Release of Liability and Consent Agreement.

**The Challenge Course Program for which this consent is given is scheduled to occur on \_\_\_\_\_.**

\_\_\_\_\_  
Signature of Parent or Guardian  
(Circle one)

\_\_\_\_\_  
Emergency Telephone Number

\_\_\_\_\_  
Signature of Participant (Adult or Minor)  
(Circle one)