



Yakama Nation Wildlife Resource Management Program

2024 YOUTH WILDERNESS CAMP *(Return this application to YN Wildlife office)*

STUDENT APPLICATION

Please print or type. Do not leave any blanks.

Name: _____ Date of Birth: _____

Physical Address: _____ City/State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Tribal Affiliation: _____ Enrollment #: _____

Gender (circle one): Male & Female (**August 5 – 09, 2024**) **14-17 Years of age!!!**

First 15 Boys & 15 girls with completed applications will be able to attend!

PARENT/GUARDIAN INFORMATION (*Only the Parent/Guardian of camper will be Allowed to check in/out a camper, unless a written statement has been provided. NO EXCEPTIONS!!)

Name of Parent(s)/Guardian(s): _____

Employer Name: _____ Work Phone #: _____

****Emergency Contacts: (In case Parent/Guardian is not able to be contacted right away)**

1. _____
Name Relationship Phone #

2. _____
Name Relationship Phone #

MEDICAL INFORMATION

Do you have any medical conditions or allergies? Yes _____ No _____

If yes, please list and explain:

*2024 Yakama Nation Wildlife
Youth Wilderness Camp*

MEDICAL INFORMATION

A medical provider will need this form before treating a minor's illness or injury. It should accompany the student when seeking medical treatment.

Name of Student: _____ Date of Birth: _____

Name of Parent or Legal Guardian: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Primary Care Provider: _____ Chart #: _____

Phone #: _____ Physician's Name: _____

If the student has any condition that may require special treatment it is imperative that a medical provider is alerted. Please indicate below any on-going medical or emotional problems that may require special attention (e.g., epilepsy, allergies, asthma, disability, anxiety, depression, etc.). Use reverse side if necessary.

Has the student had any major illness during the past year? _____ If so, please explain: _____

Date of last tetanus injection: _____ Are contacts or glasses worn? _____

Does the student take any prescribed or over-the-counter medications? _____ If so, what are they?

Allergies to medications, foods, insects, etc.: _____

PARENT OR GUARDIAN READ AND SIGN: I hereby certify that to the best of my knowledge the above medical statement is accurate. I give my consent to the Yakama Indian Health Service, or medical personnel at another institution, to provide whatever medical treatment they may deem necessary for the health and welfare of my son/daughter. It is also understood that no major surgery will be performed on my son/daughter without my further specific consent except in those cases of extreme urgency when the delay in obtaining consent may constitute a serious risk of life to my son/daughter. I further realize that expenses for medical attention shall be my responsibility.

Parent/Guardian: _____ Date: _____

**2024 Yakama Nation Wildlife
Youth Wilderness Camp**

Parental Consent Form

I hereby give permission for my son/daughter to attend the Yakama Nation Wildlife *Youth Wilderness Camp* held at Camp Chaparral. I understand that my child will participate in activities on campus as well as off-campus within the reservation boundaries. I also understand that my son/daughter will be required to comply with the *Youth Wilderness Camp* as well as the Camp Chaparral rules and regulations, as well as all Tribal Laws and regulations and I hereby undertake to abide by these rules and regulations. _____ (initial)

I understand and hereby acknowledge that certain risks are inherent to participate in recreational activities. These types of injuries maybe minor or serious and may result from one's own actions, the actions or inaction of others, or a combination of both. I understand that certain activities require a minimum level of fitness and health; that being physical, mental and emotional, and that each person has a different capacity for participating in these activities. I understand certain rules and regulations are designed for the safety and protection of participants of the *Youth Wilderness Camp*.

I hereby on behalf of myself and my assignees, release any and all claims against and hold harmless the Yakama Nation, Wildlife Resource Management staff, Camp Chaparral Personnel and all volunteers involved with the *Youth Wilderness Camp* for any and all personal injury, property damage, and any other claims not due to gross negligence.

DO NOT bring any articles of value (monetary or sentimental) that might be lost, damaged or stolen. All audio and video devices are not allowed and will be confiscated for the duration of camp.

Pictures: Please be aware that staff will be taking photo's of camp participants throughout the duration of the camp activities. We will ask each camp participant for a brief review of camp and each participating camper will receive a cd copy of all the photo's taken during their camp stay. These photo's may be used for future publication (camp posters) and reports to any present and future funding agencies for this camp.

I DO / DO NOT wish for my child to be photographed for any publication. (please circle one)

I declare having read and fully understand this parental permission form and informed consent agreement in its entirety and hereby consent to participation acknowledging all foregoing. I also declare that all information provided in this application packet to be true and accurate.

Print Participant's Name	Participant's Signature	Date
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Print Parent/Legal Guardian's Name	Parent/Legal Guardian's Signature	Date
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