



# Smith River Rancheria

140 ROWDY CREEK RD, SMITH RIVER, CA 95567-9525  
PH: (707) 487-9255 FAX: (707) 487-0930

## 2013 Dee-ni' Mvsr-xee-ye' Wee-ya' Lhetlh-xat

Dear Parents/Guardians and Participants,

Dv-laa-ha~, the Waa-tr'vslh-'a~ (Culture) Department /Dee-ni' Wee-ya' (Dee-ni' Language) Committee invites youth to participate in our upcoming 7<sup>th</sup> Annual Dee-ni' Mvsr-xee-ye'(youth) Wee-ya'(language) Lhetlh-xat (gathering) on **July 24<sup>th</sup> - 26<sup>th</sup>**, at Rowdy Creek Park, Rowdy Creek Rd., Smith River, Ca. for ages 7-13 years old; children under the age of 7 years are welcome when accompanied by an adult. Our community dinner will be on Friday, **July 26<sup>th</sup> 4:00-6:00 PM**, the entire community is invited to attend. A special presentation from our youth and acknowledgement of their participation will be provided.

The goal of our Dee-ni' Mvsr-xee-ye' Wee-ya' Lhetlh-xat is to revitalize, preserve and strengthen our Dee-ni' culture and language. We are in an aggressive time of rescuing our unique and crucial connection to ourselves through our language. Acquisition of our indigenous communication is a vital link in reclaiming and promoting our spirituality, rites and communal wellness. We will be approaching and integrating our language in a number of activities such as: stick games, singing, dancing, storytelling, the girls' shell game, a boys' card game, traditional herbs and medicines, necklace making project, sand bread and lhuk (salmon) cooking, hiking and several other enriching, fun-filled activities.

It is our mission to incorporate our language and ways of life in all areas of activities. For without the continuation of our indigenous ways of life we would be severing major components to ourselves.

Please complete the attached registration form and return it to the K'vsh-chu Administration Tribal Office no later than **Tuesday, July 1, 2013 @ 5:00 PM**. Space is limited, turn in your registration soon. This year will be an overnight camp. Campers will arrive **Wednesday, July 24<sup>th</sup> @ 8:00 AM** and remain until **Friday, July 26<sup>th</sup>** for the community dinner 4:00 – 6:00 PM. *Limited transportation is available to pick up campers on Wednesday July 24<sup>th</sup> and must be pre-arranged.*

We will again be enjoying our culture and the company of our young tribal citizens in an interactive setting with our elders and community. Volunteers are welcomed and appreciated. If you are interested in volunteering please complete and turn in an application no later than **July 1, 2013 @ 5:00 PM**. All volunteers, staff and contractors are required to attend a group meeting on **Monday, July 22<sup>nd</sup> @ 9:00 AM**. A special thank you to all the parents and community members who participated last year, your assistance was invaluable. *For those that need it, limited transportation may be provided and must be pre-arranged.*

If you should need additional information, please contact the Waa-tr'vslh-'a~ Department @ 487-9255, ext. 3170, 3171 or 3172.

Xwii-nay-t'ii-shu' (Peace),  
Marva Scott  
Culture Department Team Leader  
On behalf of the Dee-ni' Wee-ya' Committee

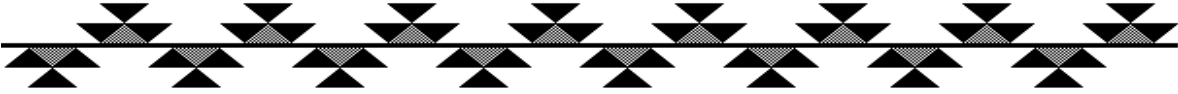


Tolowa Dee-ni' of the Smith River Rancheria  
**2013 Dee-ni' Mvsr-xee-ye' Wee-ya' Lhethl-xat**

Registration Form

**July 24<sup>th</sup> – 26<sup>th</sup> Ages 7-13 years old**

**Due to Tribal Office by Tuesday, July 1<sup>st</sup>, 2013**



**Participant Information**

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

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

Phone Number: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Please select t-shirt size. Youth: S \_\_\_ M \_\_\_ L \_\_\_ Adult: S \_\_\_ M \_\_\_ L \_\_\_

Tribal Membership Number: \_\_\_\_\_

**Do you need transportation to camp on Wednesday August 22<sup>nd</sup>?**

yes

no

**Guardian Information**

Parent/Guardian Name(s): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other: \_\_\_\_\_

*(Please provide official documents for any special custody situations)*

**Emergency Contact Information**

Contact Name/Relationship: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Contact Name/Relationship: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Insurance Provider and #: \_\_\_\_\_

Family Physician Name: \_\_\_\_\_

Physician's Contact: \_\_\_\_\_

**Pick-up Authorization**

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

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

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

**Participant Questionnaire and Agreements**

I, \_\_\_\_\_, am interested in attending the Tolowa Language Camp because:

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

It is important to me to learn Tolowa Language because:

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

\_\_\_\_\_ I agree to respect myself as well as other participants.

Initials

\_\_\_\_\_ I agree to participate in all group activities to the best of my ability.

Initials

\_\_\_\_\_

**Participant Signature**

\_\_\_\_\_

**Date**

I hereby authorize **Tolowa Dee-ni' of the Smith River Rancheria**, as an agent for the undersigned to consent to any X-ray examination, anesthetics, medical, or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician and surgeon licensed under the provision of the Medical Practices Act or the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of said physician or at the said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agents or agents to give specific consent to any and all such diagnosis, treatment or hospital care which aforementioned physician in the exercise of his/her best judgment may deem advisable.

This authorization is given pursuant to the provisions of section 25.8 of the civil code of California. I hereby authorize any hospital which has provided treatment to the above named minor pursuant to the provisions of section 25.8 of the Civil Code of California to surrender physical custody of such minor to the above named agent upon completion of treatment. This authorization is given pursuant to section 1283 of the Health and Safety Code of California.

These authorizations shall remain effective through September 1, 2013 unless sooner revoked in writing delivered to said agent.

I hereby give **my child**, \_\_\_\_\_, permission to attend Dee-ni' Mvsr-xee-ye' Wee-ya' Lhetlh-xat 2012 at Rowdy Creek Park on Rowdy Creek Rd. in Smith River, CA on **July 24<sup>th</sup> - 26<sup>th</sup>, 2013.**

\_\_\_\_\_

**Parent/Guardian Signature**

\_\_\_\_\_

**Date**

**Presentations**

I understand that my child will participate in presentations and activities that will include information about cultural living/home life, animal habitats, sharing of traditional songs, games, healing practices and various subject matter in connection with Tolowa Dee-ni' culture. \_\_\_\_\_ (Initial)

**Photographs/Video**

I understand that my child may be photographed or participate in video documentation during camp activities. Further, I understand that these photos and videos may be used in the development of cultural promotion related to educational materials. \_\_\_\_\_ (Initial)

**Early Dismissal**

I understand that I will be contacted to pick-up my child for illness, behavior problems, fighting and abuse of any substance such as drugs, alcohol, or tobacco. Smith River Rancheria will NOT be able to provide transportation. \_\_\_\_\_ (Initial)

**No-Lice Policy**

To prevent the spread of a contact-based spread of pediculosis capitas, each youth will undergo a head check at the beginning of camp to ensure no nits or lice are located. If there appears to be nits or lice, the parent will be contacted to pick up the youth for treatment. The youth may return after treatment has been completed. \_\_\_\_\_ (Initial)

**Food Allergies/Dietary Needs**

Does your child have any food allergies or special dietary needs? If so, please describe/explain:

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**Allergies**

Does your child have any other known allergies? If so please describe/explain:

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**Medication**

If your child will require medication during summer camp, please provide the following information:

*Type of Medication*                      *Dose Amount / Frequency*                      *Special Instructions/Prescription*

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**NOTE: All medications must be provided to camp staff during the check-in process. Medications will be safely and properly stored and will be dispensed by camp staff to the child as prescribed.**

**Release Form**

I, the undersigned, in my individual capacity as parent or guardian of \_\_\_\_\_, age \_\_\_\_\_, being a minor child, hereby release and hold harmless the Smith River Rancheria, its employees, instructors, volunteers, and supervisors, from any and all liability or damages, both personal and property, arising out of or as a result of said minor child's attendance at the **Dee-ni' Mvsr-xee-ye' Wee-ya' Lhetlh-xat/Dee-ni' Youth Language Camp**. I assume all risks incident thereto with respect to myself and to any other individuals for whom this registration is made.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

## Camper Pack List:

Camp will be three days and two nights. Each camper will be provided with a sleeping bag, flashlight and water bottle. All meals will be provided. Campers should leave phones and any other electronic equipment at home. Below is a suggested list of what each camper should bring:

- tent (You are welcome to bring your own or share with another camper. If you do not have a tent one will be provided.)
- tooth brush / *ghu' mvlh-naa-tr'vlh-t'e*
- tooth paste / *ghu' mvlh-ch'atlh-wvsh*
- towel / *mvlh-naa-tr'vlh-ts'a'*
- wash cloth / *maa~-mvs-ste'*
- sunscreen / *mvlh-k'ee-ne'*
- comb or brush / *si' mvlh-taa-tr'aa~kwvt*
- any other toiletries
- any medications with current prescription and instructions

### **clothing /nat-trvsh:**

- sweatshirt or jacket / *k'wvt-nat-trvsh*
- t-shirt / *k'wee-nat-trvsh*
- pants or jeans / *lhts'vs*
- shorts / *lhts'vs t'a'-k'i*
- underwear / *ye'-lhts'vs*
- swim suit or swim trunks
- socks / *shdaa-k'vn*
- shoes and/or sandals / *xee*