



# *Tolowa Dee-ni' Nation*

## EDUCATION DEPARTMENT

110 First Street, Smith River, CA 95567-9525  
Ph: (707) 487-9255 Fax: (707) 487-0930

## 2019 Youth Camp

Dear Parents/Guardians:

The Education Department invites Tolowa Dee-ni youth to participate in our upcoming 13<sup>th</sup> Annual Dee-ni' Youth Camp. Each participant must be 7-13 years old. **Rain cancels event!**

The goal of this year's youth camp is to have fun while learning about our culture and language. Please complete the attached registration form and return it to the Education Department no later than **Friday August 2<sup>nd</sup>, 2019 @ 5:00 PM**. No drugs, alcohol, tobacco, weapons or lice allowed.

This will be a day camp. Camp will start at **8:00 AM** on Tuesday, August 6<sup>th</sup>. Camp is located at Rowdy Creek Park. No transportation will be provided. Camp schedule is:

Tuesday, August 6, 8:00 AM to 5:00 PM

Wednesday, August 7, 8:00 AM to 5:00 PM

Thursday, August 8, 8:00 AM to **12:00** PM

For more information, please contact the Education/Language Departments:  
Lenora Hall @ 707-487-9255, ext. 1190, [lenora.hall@tolowa.com](mailto:lenora.hall@tolowa.com)

## Camper Pack List:

Camp will be three days. 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:

- Towel / *mvlh-naa-tr'vlh-ts'a'*
- Sunscreen / *mvlh-k'ee-ne'*
- Medications if needed / *ch'aa-may*
- Sweatshirt or jacket / *k'wvt-nat-tr'vsh*
- Swim suit or swim trunks / *na'sr-t'u nat-tr'vsh*
- Shoes and sandals / *xee*
- Extra set of clothes / *nat-tr'vsh lhtaa-chu*

### *Notes:*

*Other items to bring: a good book, swim gear, etc.*

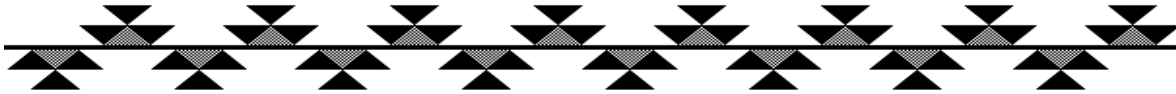
*No electronics!* *All cell-phones, tablets, iPads, gaming systems, earbuds, etc. will be confiscated and returned to parents/guardians.*



Tolowa Dee-ni' Nation's  
**2019 Dee-ni' Mvsr-xee-ye' Wee-ya' Lhethl-xat**  
Registration Form

**August 6<sup>th</sup> -8<sup>th</sup> Ages 7-13 years old**

**Due to Tribal Office by Friday, August 2, 2019**



**Participant Information**

Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Female  Male  Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Please select t-shirt size. Youth: S\_\_\_ M\_\_\_ L\_\_\_ Adult: S\_\_\_ M\_\_\_ L\_\_\_  
XL\_\_\_  
Tribal Membership Number: \_\_\_\_\_

**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 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 Tolowa Dee-ni' Nation**, 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 **August 6<sup>th</sup> – 8<sup>th</sup>, 2019** unless sooner revoked in writing delivered to said agent.

I hereby give **my child**, \_\_\_\_\_, permission to attend Dee-ni' Youth Camp, 2019 in Smith River, CA on **August 6<sup>th</sup> – 8<sup>th</sup>, 2019**.

\_\_\_\_\_  
**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. The Tolowa Dee-ni' Nation will NOT be able to provide transportation. \_\_\_\_\_ (Initial)

**No-Lice Policy**

To prevent the spread of a contact-based spread of pediculosis capitis, 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 and pass a head check. \_\_\_\_\_ (Initial)

**Food Allergies/Dietary Needs**

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

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

**Allergies**

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

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

**Medication**

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

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

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

**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 Tolowa Dee-ni' Nation, 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 **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**