

Youth Application Instructions and Information

(Keep these instructions)

Session I (July 9-16) Session II (July 16-23)

Please complete the pages with this information: All Youth in same household **except** for the General Medical History. Each child will need their own General Medical History completed.

- **Youth application**-All Youth listed in same household
- **Authorization for participation**-All Youth listed in same household
- **General Medical History**-One form for each Youth in household
- **Emergency Contact**-All Youth listed in same household/**Travel Data**-All Youth listed in same household

Who will need Escorts?

In State-11 years old and under will need an escort to, during, and from Nuchek

Lower 48- 17 years old and under will need an escort to, during, and from Nuchek

Then please send via:

- **Fax:** (907) 261-8885

Or

- **Mail:** Chugach Alaska Corporation, Attn: Cultural Resources Department, 3800 Centerpoint Drive, Suite 601, Anchorage, AK 99503

For you to **keep** is the information containing:

- Youth Application Instructions and Information
- Check List of Items to Bring-This information will provide you an idea of what to bring out to Nuuciq Spirit Camp 2012.

Cultural Resources Department Contact Information:

Cultural Resources Apprentice: P (907) 550-4128

Jared.Selanoff@chugach-ak.com

Cultural Resources Projects Coordinator: (907) 550-4554

Angelina.sawden@chugach-ak.com

Nuuciq Spirit Camp 2012

Youth(s) Application (17 years old and under)



Chugach Alaska Corporation
 Attn: Cultural Resources Department
 3800 Centerpoint Drive, Suite 601,
 Anchorage, AK 99503
 P (907) 563-8866 F (907) 261-8885
 T 1-800-858-2768

Youth Application

Youth Mailing Address: _____

| Print Name(s) of Youth in same household (first, Middle initial, Last) | Social Security # | Date of Birth | age | Shirt : • Youth (Y) • Adult (A) | Shirt size (S; M; L; XL) |
|---|-------------------|---------------|-----|---------------------------------------|-----------------------------|
| | | | | Y or A | |
| | | | | Y or A | |
| | | | | Y or A | |
| | | | | Y or A | |
| | | | | Y or A | |

| Parent(s) name (first, Middle initial, Last) | Address | Phone/Email |
|---|---------|-------------|
| (Father) | | |
| (Mother) | | |
| (Guardian) | | |

*****Gaurdian(s)** please provide a copy of gaudianship papers authorizing signature for youth(s) to participate. If not we will need an authorizing parent(s) signature on this form.

Relationship to Chugach Alaska Corporation (**please circle** the one that fits for the youth(s)):

Shareholder Descendent Not Affiliated

*Please list the related Shareholder if Descendent: _____

*If not affiliated with Chugach Alaska Corporation please list your reference and their relationship to Chugach Alaska Corporation: _____

Nuuciq Spirit Camp Sessions (**Please circle the Session(s)** the youth will be available to attend):

Session I (July 9-16) Session II (July 16-23)

This will assist us with determining the Sessions that the youth will be approved for. If either Youth is going to be attending a **different Session** Please add a note on the travel Data form.

Please mail, fax or hand-deliver your completed application by **April 6, 2012**
To qualify for Nuuciq Spirit Camp-all forms must be completed with required documents

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Authorization for Participation

Parent/Guardian Approval

I hereby give my permission for my child(ren) to attend Nuuciq Spirit Camp 2012. My child(ren) has(have) permission to engage in all prescribed camp activities including special trips, except as noted by myself on my child's Medical History Form. I understand that reasonable measures will be taken to safeguard the health and safety of my child and that I will be notified as soon as possible in case of emergency.

Drug Policy

I further understand and acknowledge that Nuuciq Spirit Camp is a drug and alcohol free environment with a zero tolerance policy. If my child(ren) is(are) found to be involved in the use, possession, sale, manufacture or transfer of illegal drugs or alcohol while at Nuuciq Spirit Camp, I understand that he or she may be removed from camp at the expense of the parent/guardian.

Authorization

I also hereby give permission for my child(ren)'s photograph, name, and video image to be used by the Chugach Alaska Corporation.

| Print Name of Youth (first, Middle initial, Last) | Youth Signature | Date |
|--|-----------------|------|
| | | |
| | | |
| | | |
| | | |
| | | |

Parent/Guardian Signature: _____

Parent/Guardian Printed Name: _____ Date: _____

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GENERAL MEDICAL HISTORY Complete and Return *Confidential (Authorized Personnel Only)*

One General Medical History form for each child applicant of the same household

PARTICIPANT NAME: _____ **DATE OF BIRTH:** _____

OPERATIONS/SERIOUS INJURIES: _____ **Date:** _____

ALLERGIES (list food, Drug, Other) food):

Does the camper need: Glasses ____ Inhaler ____ Hearing Aid ____ Other, please identify:

SPECIAL NEEDS: Describe special needs: i.e. dietary, allergies, activity, help with, etc. Be specific. Use separate page if necessary:

LIMITATIONS: List any activity or health limitations or restrictions:

MEDICATIONS: List medications sent to camp (*must be in original container and prescribed by a licensed physician*):
NAME, DOSAGE, and DIRECTIONS (**Use separate page if necessary**):

Please list any OTHER health concerns:

IMMUNIZATIONS: Please provide a valid up to date immunization certificate/record, which is also **part of the application process** for Nuuciq Spirit Camp.

AUTHORIZATION:

This health history is true and accurate as far as I know, and the person herein described has permission to engage in all the prescribed camp activities including special trips, except as noted by me.

I understand that reasonable measures will be taken to safeguard the health and safety of my child and that I will be notified as soon as possible in case of emergency.

In case of sickness or accident, I authorize the calling in of a doctor and/or providing of other necessary medical services. Should **medical attention** be required, other than that provided by the camp insurance coverage, I will pay for incurred expenses.

PARENT SIGNATURE: _____

PARENT/Guardian Printed Name: _____ **Date:** _____

*****Medication-** If this child may require any prescribed or over the counter medication, it will need to be in its original container and it must be turned over to the health care provider upon arrival for dispensing.***

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EMERGENCY CONTACT INFORMATION

Confidential (Authorized Personnel Only)

(Please include at least one contact that is not in the immediate family)

| NEXT OF KIN CONTACT #1 | | | |
|------------------------|-------|----------------|----------------------------|
| NAME | | RELATIONSHIP | |
| CITY | STATE | HOME TELEPHONE | BUSINESS/MESSAGE TELEPHONE |

| NEXT OF KIN CONTACT # 2 | | | |
|-------------------------|-------|----------------|----------------------------|
| NAME | | RELATIONSHIP | |
| CITY | STATE | HOME TELEPHONE | BUSINESS/MESSAGE TELEPHONE |

Travel Data

| Print Name of Youth (first, Middle initial, Last) | Departing From | Returning To | Weight | Escort Name (If qualifies for Escort) | Session(s) Attending |
|--|-------------------|-----------------|--------|--|----------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

***Please note that **weight is very important** for rural travel.

Children, ages 11 and under will need an escort for travel and camp:

| Escort name | Address | Phone/email |
|-------------|---------|-------------|
| | | |

Please Note: We will need the escort's application and that person will need to list the youth they are escortin on the Travel Portion.

Other Travel information

Please put your name on all of your belongings via nametag or permanent marker.

Luggage Weight for Travel- Each traveler is allowed **50 lbs** or under in luggage weight, for example compact luggage, **unless authorized for special circumstances.**

Parent/Guardian Print Name: _____

Parent/Guardian Signature: _____

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Check List of Items to Bring

(Keep this list)

Please put your name on all of your belongings via nametag or permanent marker.

Luggage Weight for Travel- Each traveler is allowed **50 lbs** or under in luggage weight, for example compact luggage, **unless authorized for special circumstances.**

Essential Gear

- Warm sleeping bag (temperature at night can get pretty cold (50-60 degrees).
- Change of clothes for 4 days-this includes warm jacket and sweatshirt
- Warm hat
- Walking/hiking boots and extra socks
- 2 towels, washcloth, & toiletries
- Rain gear (boots, water proof coat, umbrella) for rainy days

Recommended:

- Camera
- Shorts and swimsuit
- Binoculars
- Musical instrument
- Sleeping pad (bunks are very rustic and hard)

We encourage you to avoid bringing:

- electronic devices, i.e. radios or games

Do not Bring:

- firearms, explosives, fireworks
- alcohol/illegal drugs
- tobacco products, if 18 years old and under

Reminder: Medication- If you require any regular medication, it needs to be in its original container and it must be turned over to the health care provider upon arrival for dispensing.

Please put your name on all of your belongings via nametag or permanent marker.

Luggage Weight for Travel- Each traveler is allowed **50 lbs** or under in luggage weight, for example compact luggage, **unless authorized for special circumstances.**

Last, but not least, bring yourself and plan on having a great time out at Nuuciq Spirit Camp.

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