



Nuuciq Spirit Camp Youth Application

Please mail, fax, or hand-deliver your completed application by **May 17, 2019**. Priority will be given to complete applications received by the deadline. Applications received after the deadline will be considered on a case-by-case basis.

Parent's Full Name	Applicant's Full Name	Age	Date of Birth
Email	Primary Phone	Shirt Size	Gender
Mailing Address	City	State	Zip Code
Shareholder Status	If unaffiliated, explain		
Have you attended camp in previous years? Yes or No	Would you like your travel itinerary mailed or emailed?		

Emergency Contact Information

Name	Phone Number	Relationship

Sessions

Please rank the sessions in order of preference that you wish to attend. Session availability varies depending on capacity and travel logistics.

_____ Session 1: July 14th- 21st, 2019

_____ Session 2: July 21st- 28th, 2019

Travel Information

Departing from	Returning to	Weight	Do you have an escort? Yes or No	Name of escort, if applicable:

Youth (under the age of 12) are required to travel with their authorized escorts. If there are any additional campers that you would like your child to travel with please list their full names.

Accommodations will be made based on availability.

Traveling with: _____



Nuuciq Spirit Camp Youth Application

Parent Authorization & Acknowledgement

Parent/Guardian Approval

I hereby give my permission for my child to attend Nuuciq Spirit Camp. My child has permission to engage in all camp activities including special trips, except as noted in the 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 is 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.

Bag Search Policy

I understand and acknowledge that all bags are subject to search at any given time. I understand that the following items are prohibited: firearms, explosives, fireworks, alcohol, drugs, and tobacco products if under the age of 19.

Photo/Video Release

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

My signature acknowledges and authorizes that I have read and understand the above policies and releases.

Parent Name: _____ Parent Signature: _____

Escort Authorization for Youth Under the Age of 12

I hereby authorize my child to be escorted to and from the Nuuciq Spirit Camp. This adult has agreed to be fully responsible for my child.

Escort Full Name: _____ Escort Phone Number: _____

Parent Signature: _____ Date: _____

Additional Requirements

Have you completed the Descendent Registration with CAC Shareholder Services? _____

Have you submitted updated immunization records? _____



Nuuciq Spirit Camp Youth Application

General Medical History

Confidential (Authorized Personnel Only)

Should you require more space please use additional pages.

Participant's Full Name: _____

Operations/Serious Injuries: _____ **Date:** _____

Limitations and Special Requirements: i.e. dietary needs, allergies, restrictive activity, physical or other limitations, etc., (be specific): _____

Medications: List medication's name, dosage, and directions sent to camp.
(Note: all medication must be in original container and prescribed by a licensed physician, which will need to be turned into the camp health care provider upon arrival for dispensing):

Other Health Concerns: _____

Authorization (Initial)

_____ This health history is true and accurate to the best of my knowledge, 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 medical evaluation by the camp health care provider 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.

_____ Youth with a contagious disease on the date of travel to Nuuciq Spirit Camp (NSC) may be excluded from travel to NSC. Youth with a contagious disease while at NSC, may be excluded from NSC programs and activities. A contagious disease, as defined by Alaska Statute Sec. 18.15.395(3), is an infectious disease that can be transmitted from individual to individual.

Parent Signature: _____ **Date:** _____