



2009 CHUSKA ENVIRONMENTAL YOUTH CAMP

CAMP DATE: JUNE 21 – 27, 2009

The Chuska Youth Environmental Camp is designed to offer youth entering grades 6-10 opportunities to learn and understand the ecological health of the Chuska Mountains on the Navajo Nation through an environmental education program that embeds scientific, cultural, and linguistic perspectives.

The camp curriculum is interdisciplinary and offers course work in earth and environmental sciences including soils, hydrology, geology, botany, wildlife biology, and mapping. Courses will be taught on the Diné College campus and diverse outdoor settings where students rely on observation, collecting samples, and interpreting data to learn more about the health of local streams, lakes, wetlands, and forests. Too, the course material requires students to build basic skills in public speaking, writing, reading, and critical thinking.

Housing will be provided at the college dormitory and outdoor camping facilities at Bowl Canyon Park.

Transportation

For those participants that need transportation, the Chuska Youth Environmental Camp providers will supply a shuttle that will meet at a centralized location, dependant upon the number of participants from that region, and will transport participants to the camp.

Partners

The Chuska Youth Environmental Camp is made possible through partnership with Seeds of Harmony, Dine' College, and New Mexico GEARUP. This is a free event and costs will be incurred by camp providers.

PLEASE MAIL YOUR APPLICATION COMPLETED AND POST-MARKED BY MAY 31, 2009 TO:

**Benita Litson, Director
Diné College Land Grant
P.O. Box 7B
Tsaile, AZ 86556**

For more information contact: Benita at (928) 724-6940 or Terri at (505) 360-1481

THIS IS A DRUG AND ALCOHOL FREE EVENT





Student Application

Please print or type. Do not leave any blanks.

STUDENT INFORMATION

Name: _____ Date of Birth: _____

Mailing Address: _____ City/Town: _____ State: _____ Zip: _____

Phone Number: _____ Email address: _____

American Indian* African American Asian or Pacific Islander Latino/Hispanic

White/Non-Hispanic Other: _____

Tribal Affiliation(s): _____ Primary language(s) spoken in your home: _____

Gender (circle one): Male Female Will you need transportation to the camp? _____

PARENT/GURDIAN INFORMATION

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

Mailing Address: _____ City/Town: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone(s): _____

Employer Name: _____ Work Phone: _____

SCHOOL INFORMATION

School: _____ School District: _____

School Mailing Address: _____ Current grade level: _____

MEDICAL INFORMATION

Do you have any medical conditions or allergies? Yes No
If yes, please list and explain: _____

Do you have a physical disability requiring housing accommodations? Yes No

If yes, please describe: _____

EMERGENCY CONTACT INFORMATION

Emergency Contact (Name and relation): _____ Phone: _____





Parental Consent Form

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: _____ SS# _____

Date of Birth: _____

Name of Parent or Legal Guardian: _____

Address: _____

Home Phone: _____ Work Phone: _____ Chart Number: _____

Emergency Contact: _____ Phone: _____

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, food, insects, etc.: _____

Primary care physician's name: _____

Address: _____ Phone: _____

PARENT OR GUARDIAN AND WITNESS 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 Tsaille and/or Chinle Health Center, or medical personnel at another institution, to provide whatever medical treatment they may deem necessary for the health and welfare of my son/daughter/ward. It is also understood that no major surgery will be performed on my son/daughter/ward 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/ward. I further realize that expenses for medical attention shall be my responsibility.

Parent/Guardian: _____ Date: _____





Parental Consent Form

I hereby give permission for my son/daughter to attend the Chuska Youth Environmental Camp at the Dine' College Campus in Tsaile, Arizona and Bowl Canyon. I understand room and board will be provided at Dine' College campus dormitory and Bowl Canyon camping grounds and educational mentors will service as chaperones 24-hour per day in the campus dormitories, camping grounds, and all daily activities. My son/daughter will be required to comply with the Chuska Youth Environmental Camp rules and regulations, as well as all Federal, State and tribal laws and regulations.

I understand that my child will participate in off-campus activities. I further understand that the Chuska Youth Environmental Camp will provide security and will supervise all off-campus, planned activities of my child. However, all students must be in compliance with and abide by all rules, regulations and policies established by the Chuska Youth Environmental Camp, Dine' College, Seeds of Harmony, and New Mexico GEARUP camp providers will not be responsible for any accidents, injuries or other misfortune which may occur as a result of a participant's violation of these rules, regulations or policies.

If the student decides to leave the Camp voluntarily before the advertised end date, the Chuska Youth Environmental Camp providers will release the student only into the custody of the parent/legal guardian and will not be responsible for the student after her/she leaves the campus or camping grounds. The Chuska Youth Environmental Camp providers reserve the right to disenroll a student at any time due to a violation of any rule, regulation or policy established by the camp providers.

I understand and hereby acknowledge that certain risks are inherent to participation in recreational activities. These types of injuries may be minor or serious and may result from one's own actions, the actions or inaction of others, or a combination of both. I understand certain rules and regulations are designed for the safety and protection of participants and the Chuska Youth Environmental Camp employees and I hereby undertake to abide by these rules and regulations. 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. The Chuska Youth Environmental Camp providers shall not be liable for any injury to my person or loss to my personal property arising from, or in any way resulting from my voluntary participation in these activities. 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.

I give permission to the Chuska Youth Environmental Camp to use any slides, photographs, images, video and/or statements that may be taken of my child during the course of the program for marketing and/or promotional purposes.

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