Native Youth Summer Program July 2021



Parents and Guardians:

Greetings! The Tucson Indian Center is excited to announce that we will be hosting our 2021 Native Youth Summer Program (NYSP). We would like to assure you that we are taking all COVID-19 precautions and that the NYSP will be using daily precautions to ensure your child's safety. Youth will still experience fun, traditional arts, culture, suicide prevention, health education and wellness, leadership, as well as physical fitness activities.

We will hold two sessions.

- <u>1st session:</u> July 13 16 (ages 8 12yrs), Pascua Yaqui Tribe Resource Center (Address: 2209 N. 15th Ave, Tucson, AZ, 85705)
- <u>2nd session:</u> July 21 -23 (ages 13 17 yrs) at the Tucson Indian Center (Address: 160 N. Stone Avenue, Tucson, AZ, 85701)
- Drop off will be between 8:30am to 9:00am. Pick up time is between 3:00pm to 4:00pm.

We are scheduled to have an all-day outdoor field trip where we will ensure social distancing. Transportation will be provided to and from the sites. If your child refuses the daily COVID-19 screenings, your child will not be allowed to participate. Youth participants will receive a summer program packet once their registration is completed. Please feel free to call us if you have any questions.

For questions or concerns, please contact Angela Montiel, Youth & Community Health Educator, at amontiel@ticenter.org OR Casey John, Native Pride Project Coordinator, at cjohn@ticenter.org. You can also call us at (520) 884-7131.

APPLICATIONS DUE JULY 9, 2021, AT 12:00 AM (midnight)

Sample COVID-19 Daily Screening:

While at the TIC event, you are required to comply with all TIC COVID-19 Infectious Disease Prevention and Response Plan (IDPRP) protocols, including:

- •Wearing a face mask properly, at all times, unless eating or drinking.
- Hand washing and/or use of hand sanitizer after touching common areas
- Covering coughs and sneezes
- •Not using non-assigned phones, desks, offices, or other work tools and equipment
- •If you are sick or are feeling sick, let staff know, leave the facility immediately and seek medical attention as needed.
- •Do not come into the office with symptoms.

Tucson Indian Center Youth Application

HOW TO APPLY:

- ✓ Fill out the (9) page application.
- ✓ Return a completed (9) page application in one of three ways:
 - Email a PDF copy or photo of your application to amontiel@ticenter.org or cjohn@ticenter.org
 - o Fax to (520) 884-0240
 - o drop off in-person (*must complete COVID-19 screening 24 hours BEFORE drop off) at 160 N. Stone Ave.
- ✓ Call a Wellness Case Manager to register or update information: (520)884-7131

If there are any questions or concerns, please contact Angela OR Casey at (520) 884-7131.



Tucson Indian Center Youth Application Registration Application & Emergency Contact Form

	L2, (July 13-14, 2021), Location: Pascua Yaqui Tribe N. 15th Ave, Tucson, AZ, 85705
SESSION 2: AGES 13 TO Center - 160 N. Stone Av	D 17, (July 21-23, 2021), Location: Tucson Indian enue, Tucson, AZ, 85701
Please type or print youth's informa	tion legibly and completely.
Full name (First, last)	SSOCIATIO.
Nickname	A S S S S S S S S S S S S S S S S S S S
Tribal background	
School Attending	
Gender (Male/Female)	
Age	
Birthday (MM/DD/YYYY)	
Parent/Guardian Information (Will be	notified 1 st in case of emergency)
Full Name(s)	4 6
Home address	
City, State, Zip	
Cell phone	
Home phone	
Work phone	
Email Address	
2 nd Emergency Contact (Will be notifie	ed if unable to reach parent/guardian)
Emergency contact	
Relationship	
Emergency contact's address	CEN
Emergency contact's phone	VINDIAN
Parent/Guardian Signature:	Date:

Tucson Indian Center Youth Application YOUTH CODE OF CONDUCT & AGREEMENT FORM

It is the desire of the Tucson Indian Center to provide the best and safest possible atmosphere throughout your youth's involvement in any youth services we provide. <u>All youth registrants</u> and parents must read, sign, and adhere to guidelines and agreements provided.

I, (print you	uth's full name)	understa	and and agree
to the follo	wing:		
	presenters. I agree to have the cam	e fully and to follow the instructions nera on to be fulling engaged in the nicrophone on "mute," when I am no ing my microphone on "mute."	WebEx
INITIALS			
	No alcohol/drugs/weapons: Posse	ession and/or use of alcoholic bever	ages,
	tobacco, marijuana, non-prescribed		_
		ed. I am aware that if I am caught p	
INUTIALS	in possessing or using these items,	l lose all privileges to attend the pro	ogram.
INITIALS			
	acceptable to the educational natu that may cause distraction, disrupti	anner that is considered appropriate re of the program and will not dressions, or conflicts amongst other attended of clothing bearing gang symbolism	s in any way endees. Hats
INITIALS			
		plate any of the guidelines during moss, my parent/guardian will be notific	•
INITIALS			
Youth Sign	ature:	Diate:Date:	
Parent/Gu	ardian Signature:	Date:	

Tucson Indian Center Youth Application

ADDITIONAL RELEASES AND INFORMATION

	MEDIA RELEASE: I consent that photograph, video and/or audio recorvoice or image may be used for developing printed educational and outr these materials will be used only for non-profit and non-commercial use Indian Center may use photographs, video and/or audio recordings mad and that such shall be the producer's property to view, to copy, or to disnon-commercial use.	reach materials. I understand . I consent that the Tucson e of my youth's voice or image
INITIALS		
	SURVEY RELEASE : I consent to Tucson Indian Center collecting a brief (my youth asking them about their physical activity, eating habits, and ot questions.	• • • • • • • • • • • • • • • • • • • •
INITIALS	questions.	
INITIALS	PHYSICAL ACTIVITIES RELEASE AND RISK NOTICE: Physical activities degrees of risk depending on the skill of the participants and the level of parent/guardian of the youth participant in the physical activities of You acknowledges that he or she is fully knowledgeable as to the risks of the which the individual intends to participate. The parent/guardian states to good health and has no knowledge of any infirmity which would impair a risk. The undersigned parent/guardian agrees to assume all risks of the ayouth will participate and waives all claims against TIC and TIC contractor servants and employees arising out of the participation by the undersign activities and other activities at the summer program. This agreement to the physical activities and other activities shall be continuing until revoke acknowledgment in writing that the revocation has been received by a Member of Tucson Indian Center.	play. The th Program physical activity in hat their youth is in ability or increase any activity in which the ers/partners, its agents, and in the physical assume the risks of ed in writing with an
INITIALS	MEDICAL TREATMENT & RELEASE: The undersigned parent /legal gu	ardian accents and
	assumes the risks of the activities on behalf of the minor as stated in the	
	The undersigned authorizes employees of Tucson Indian Center (TIC) and	d TIC
	contractors/partners to request medical treatment for the minor in the	
INITIALS	emergency in which in the opinion of the employees requires immediate	e medical treatment.
INITIALS	PARENT SIGN IN/OUT: I understand that it is my responsibility to signat the beginning of each meeting and sign-out and pick-up my child at the unless I provide a written statement giving my child permission to escort and out TIC Native Youth Summer Program activities	ne end of each meeting,
	CONSEQUENCES: I understand if I violate any of the guidelines during r	ny participation of the
	conference activities, my parent/guardian will be notified. I understand, notified of thefts or damages, my parent/guardian will be held liable for	if the TIC staff is
Paren	t Name (please print)	
Paren	t Signature	_ Date:
Youth	's Signature	Date:

Tucson Indian Center Youth Application Parent Permission Slip & Public Transportation Waiver

I give my permission for my child,, to utilize and be			
transported by the public transportation system to and from the Tucson Indian Center or			
TIC approved venue for the Native Youth Summer Program and I hereby waive and			
release the Tucson Indian Center from any and all liability or claims for any injuries or			
loss sustained by my child while utilizing and traveling on the public transportation			
system.			
Signature of Parent/Guardian Date			

Tucson Indian Center Youth Application YOUTH ASSENTION FOR EVALUATION

Your parent/guardian has told me that you may participate in this Native Pride Program about cultural identity, cultural arts, and suicide prevention. We would like you to volunteer to do this because we want to improve the health of Native American youth and we also want to learn more about it. We will ask you to answer questions in surveys sometimes. It will take you about a minimum of 30 minutes each time.

During the program, you will learn about American Indian cultures and history, American Indian arts, wellness, substance abuse prevention, and suicide prevention. During the summer program, you will be encouraged to express yourself creatively through participation in arts-related activities. These may include story activities, painting, making crafts, creative movement, poetry, and visual art/collages.

You have the right to refuse to answer any questions at any time.

You also have the right to stop being in the project at any time.

We also want you to know that we will not discuss or share your answers to the questions with anyone unless we think you might hurt yourself or someone else, or that you might be in danger. In those cases, we will talk with you and your parent, and we will find someone to help.

If you would like to be in this project, please print and sign your name below.

I agree to answer questions about myself and attend the gatherings.

SIGNATURE of Youth			Date
	10		TER
PRINT Name of Youth		CEN	

Tucson Indian Center Youth Application

HEALTH/MEDICAL INFORMATION (PT.1)

Please answer the following questions: 1. Does your child follow any special diet? () Yes () No If yes, please specify: 2. Please list any physical limitations or medical conditions your child has: 3. Other medical problems, chronic conditions or special situations about which we should know: 4. Does your child require assistance related to the Americans with Disability Act? () Yes () No If yes, please specify the requirements so that we can accommodate: 5. Adverse reactions: Please list and describe any adverse reactions that your child may have had to medications: 6. Please list and describe any food allergies that your child may have: 7. Please list any other allergies that your child may have (e.g. surgical tape, bee sting, etc.): 8. Medications: Please list any medications that your child takes regularly and will bring to the youth camp (include vitamins, prescription & non-prescription medications, oral contraceptives, etc.):

Tucson Indian Center Youth Application HEALTH/MEDICAL INFORMATION (PT.2)

	Has your child recently been exposed to contagious disease or condition measles, chicken pox, etc.? If so, date and disease or condition:	on, such as mumps,
10. Im	Immunizations: Date of last tetanus/ diphtheria immunization:	
	ASSOCIATION	
Parent Nan	lame (please print)	
Parent Sign	ignature Dat	e
Youth's Na	Name (please print)	Z