



Native Youth Summer Camp

Tucson Indian Center Registration Packet

Hello Parents and Guardians:

The Tucson Indian Center is excited to announce our Native Youth Summer Camps. We want to host a Native American Summer Camp with activities, traditional teachings, and a place to make new friends while learning and having fun!

Registration packets must be downloaded and returned to Jovon via email, text, or in-person (accepting packets the morning of).

SELECT WHICH CAMP YOUR CHILD WILL BE ATTENDING.



~~Ages 8-12: June 10-13th, 2025, 8:00AM to 4:00PM~~



Ages 13-17: June 24-27th, 2025, 8:00AM to 4:00PM

Location: Ramada by Wyndham Tucson (777 W Cushing St, Tucson, AZ 85745)

DROP OFF: Students must be dropped off at Ramada between 8:00-8:30AM.

PICK UP: Students must be picked up between 4:00-4:30PM.

Signatures will be required during drop-off and pick-up.

Contact information for questions or concerns:

Jovon Boling jboling@ticenter.org Cell phone: 520-734-1523	Jose Duran jduran@ticenter.org 520-965-4754
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By signing this Waiver and Release of Liability (Agreement), I waive and release the Tucson Indian Center, its agents, assistants, employees, insurers, successors and assigns from any and all claims, demands, causes of action, damages or suits at law and equity of any kind, including but not limited to claims for personal injury, property damage, medical expenses, loss of services, on account of or in any way related to or growing out of my presence or involvement at the Tucson Indian Center's Native Youth Summer Camp.

This waiver is intended to release the Tucson Indian Center from any and all liability for damages or injuries on account of or in any way related to or growing out of my negligence, the negligence of third parties and Tucson Indian Center's negligence. This is not intended to release Tucson Indian Center from any liability resulting from their intentional conduct.

I further agree that any claims to be made against in contravention of this Agreement, including but not limited to derivative claims, I will protect, defend and completely indemnity (reimburse) for any such claim and expenses including attorney's fees and costs incurred by in defending themselves or security indemnity hereunder.
I understand that Tucson Indian Center is not responsible for any lost, stolen, or damaged valuables or property.

I acknowledge that I have received and read a copy of the current rules and expectations governing participation in this TIC activity/event. I agree that I will fully comply with all rules and expectations and with any amendments.

I have read the Agreement and understand that by signing this Agreement I have consented to be bound by its terms, including the waiver/release of any legal right I may have to sue Tucson Indian Center for any costs they incur because a claim or legal action is brought in violation of this Agreement. I agree any violation of the Agreement and its terms and conditions, as determined by Tucson Indian Center, will void, and terminate this Agreement and may result in loss of the ability to participate in the Tucson Indian Center activity/event.

I (Parent/Guardian) am signing this Agreement freely, voluntarily, and competently and I am at least eighteen (18) years of age.

Youth Name - PRINT / DATE

Parent/Guardian Name - PRINT / DATE

Parent/Guardian Signature



Health and Medical Information

Please answer the following questions: If answer does not apply, answer N/A

Does your child follow any special diet? () Yes () No If yes, please specify:

Please list any physical limitations or medical conditions your child has:

Other medical problems, chronic conditions or special situations about which we should know:

Do you require assistance related to the Americans with Disability Act? () Yes () No
If yes, please specify your requirements so that we can accommodate:

Adverse reactions: Please list and describe any adverse reactions that you may have had to medications:

Please list and describe any food allergies that you may have:

Please list any other allergies that you may have (e.g. surgical tape, bee sting, etc.):

Medications*: Please list any medications that you take regularly and will bring with you to the workshop (include vitamins, prescription & non-prescription medications, oral contraceptives, etc.):

Has your child recently been exposed to contagious diseases or conditions, such as mumps, measles, chicken pox, Covid- 19, etc.? If so, date and disease or condition:

Immunizations: Date of last tetanus/ diphtheria immunization:

***Staff are not trained to administer medication; therefore, parent or guardian will need to administer, if youth is unable to administer the medication themselves.**





Emergency Contact Form

~ PRINT ~

Youth First Name: _____ Last: _____

Nickname: _____ Age: _____

Tribal Enrollment: _____

School Attending: _____

Gender (Male/Female/Non-binary): _____

Date of Birth: _____

Parent/Guardian Information (Primary Contact)

First: _____ Last: _____

Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: () _____ or () _____

Email Address: _____

Parent/Guardian Information (Secondary Contact)

First: _____ Last: _____

Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: () _____ or () _____

Email Address: _____





YOUTH CODE OF CONDUCT & AGREEMENT FORM

It is the goal of the Tucson Indian Center to provide the best and safest possible atmosphere throughout your youth's involvement. All youth and parents must read, sign, and adhere to guidelines and agreements provided.

____/____ (Youth and Parent initial) I agree to participate fully and to follow the instructions of TIC staff. I shall be respectful when presenters are talking and be an active listener.

____/____ (Youth and Parent initial) I agree to dress in a manner that is considered appropriate and acceptable to the educational nature of the program and will not dress in any way that may cause distraction, disruptions, or conflicts amongst other attendees. Hats and bandanas or any clothing bearing gang symbolism will not be tolerated.

____/____ (Youth and Parent initial) I agree to be respectful to all staff and students and listen when someone is talking and raise my hand if I have a question. I agree not to be disruptive or violent in any way.

____/____ (Youth and Parent initial) I understand if I violate any of the guidelines during my participation of activities, my parent/guardian will be notified.

Youth Name - PRINT / DATE

Parent/Guardian Name - PRINT / DATE

Parent/Guardian Signature





Additional Release and Information

PHYSICAL ACTIVITIES RELEASE AND RISK NOTICE: Physical activities involve varying degrees of risk depending on the skill of the participants and the level of play. The parent/guardian of the youth participant in the physical activities of Youth Program acknowledges that he or she is fully knowledgeable as to the risks of the physical activity in which the individual intends to participate. The parent/guardian states that their youth is in good health and has no knowledge of any infirmity which would impair ability or increase any risk. The undersigned parent/guardian agrees to assume all risks of the activity in which the youth will participate and waives all claims against TIC and TIC contractors/partners, its agents, volunteers, and employees arising out of the participation by the undersigned in the physical activities and other activities at the summer program. This agreement to assume the risks of the physical activities and other activities shall be continuing until revoked in writing with an acknowledgment in writing that the revocation has been received by a Management Team member of Tucson Indian Center.

MEDICAL TREATMENT & RELEASE: The undersigned parent /legal guardian accepts and assumes the risks of the activities on behalf of the minor as stated in the foregoing paragraph. The undersigned authorizes employees of Tucson Indian Center (TIC) and TIC contractors/partners to request medical treatment for the minor in the event of any emergency in which in the opinion of the employees requires immediate medical treatment.

WEIGHT/HEIGHT DATA RELEASE: N/A

SURVEY RELEASE: I consent to Tucson Indian Center collecting a brief (approx. 5-minute) survey from my youth asking them about their physical activity, eating habits, and other diabetes prevention questions.

MEDIA RELEASE: I consent that the Tucson Indian Center may use those photographs, video and/or audio recordings made of my youth’s voice or image may be used for developing printed educational and outreach materials. I understand these materials will be used only for non-profit and non-commercial use.

Youth Name - PRINT / DATE

Parent/Guardian Name - PRINT / DATE

Parent/Guardian Signature