



**Have you participated in other summer programs?    Yes    No**

List Camps (e.g. basketball, educational) and give the years attended

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**Highest Math you completed with a “C” or better:**

Algebra 1    Geometry    Trigonometry    Pre-Calculus    Calculus

**Highest Science you completed with a “C” or better:**

Physical Science    Biology    Chemistry    Physics

**Proficiency in  Tlingit and/or  Haida**

Fluent Speaker   Intermediate/Advanced

Understand, but limited speaking ability    Minimal knowledge/previous instruction

No Previous experience/instruction

**Prior College Level Coursework**

Have you taken University / College Level Coursework previously?    Yes    No

Course Name: # of Credits: \_\_\_\_\_

Course Name: # of Credits: \_\_\_\_\_

**Emergency Contact Information**

**1. Primary Contact Name** \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_

**2. Secondary Contact Name** \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_

**Student Signature and Agreement to Camp Guidelines:**

I, \_\_\_\_\_ (student name), agree to attend the full twelve days of the Latseen Leadership Camp and agree to remain drug/tobacco/ and alcohol free during the camp. I agree to follow the rules, guidelines and schedules as established by Sealaska Heritage Institute staff and mentors and to participate in all the camp activities to the best of my ability and to support my fellow students attending the camp. I understand that should I fail to meet these requirements, I will be sent home at my parent/guardians expense.

\_\_\_\_\_  
**STUDENT SIGNATURE**

\_\_\_\_\_  
**DATE**

**Parent / Guardian Permission to attend the Latseen Leadership Camp:**

I hereby give my child / dependent permission to:

Participate in the Latseen Leadership Camp beginning July 12<sup>th</sup> through July 24<sup>th</sup>, 2009, staying in chaperoned dorm housing at the University of Alaska Southeast.

Participate in all activities that may include: hiking, rafting, canoeing, biking, and other activities designed to familiarize students with Juneau and Southeast Alaska.

Travel in University and/or commercial vehicles to and from activities/events.

Be transported to the nearest health facility in case of emergency.

To the best of my knowledge, my child/dependent is in good health and has no illnesses or communicable diseases which will interfere with the Summer Camp experience and/or living accommodations. All information included in this application is correct to the best of my knowledge.

\_\_\_\_\_  
**PARENT SIGNATURE**

\_\_\_\_\_  
**DATE**

**Photo Release:**

We, \_\_\_\_\_ and \_\_\_\_\_

Student Name Parent/Guardian Name

Give permission for Sealaska Heritage Institute to include our names and/ or pictures in news stories, and our educational and cultural materials about events at the Latseen Leadership Camp.

\_\_\_\_\_  
**STUDENT SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**PARENT/GUARDIAN SIGNATURE**

\_\_\_\_\_  
**DATE**

**Appendix A: Medical Information**

**Yes No**

Dietary restrictions or special needs: \_\_\_\_\_

Chronic Illnesses – List any chronic illnesses that you have (diabetes, epilepsy, asthma, etc.): \_\_\_\_\_

Physician – Have you been treated by a physician or hospitalized in the past year?

Explain: \_\_\_\_\_

Injuries – List any injuries you have experienced (dislocations, sprains, etc.) within the last three years and give information as to when the injuries occurred, the extent of the injury, and if you've fully recovered: \_\_\_\_\_

Physical Condition – Describe any physical conditions that might limit or prevent you from participating in certain activities. Additionally describe special accommodations which may be necessary to support you: \_\_\_\_\_

**Appendix C: AGREEMENT TO RELEASE ALL CLAIMS FOR INJURY OR DEATH TO MY CHILD/DEPENDENT AND TO PROTECT THE UNIVERSITY, SEALASKA HERITAGE INSTITUTE AND OTHERS FROM ANY SUCH CLAIMS WHICH MAY BE BROUGHT (AGREEMENT)**

I, parent/guardian of \_\_\_\_\_ give my permission for him/her to participate in the 2009 Latseen Leadership Camp (“Camp”). I have made this choice in recognition and appreciation that there will be known and unknown risks, dangers and hazards which could cause personal injury (up to and including death; collectively, “Personal Injury”) to my child/dependent which may be encountered in the Camp, which may include or result from the negligence, gross negligence or recklessness of the Sealaska Heritage Institute or from my child’s/dependent’s fellow participants. With this in mind, in return for my child/dependent’s participation, I DO HEREBY VOLUNTARILY ASSUME ALL RISKS, DANGERS AND HAZARDS which my child/dependent may encounter during his/her participation in, and transportation to, from or as a part of, the Camp. Further, in consideration of my child/dependent’s participation, I hereby release Sealaska Heritage Institute, and its Officers, Agents and Employees (released parties), from all liability and claims of any kind, including claims for loss, expense, damages, punitive damages or attorney fees, which may arise on account of Personal Injury to my child/dependent, including emotional distress to me or loss of companionship or support to my family, occurring during or as a result of the participation of my child/dependent in, or transportation to, from or as a part of, this Summer Camp. This release applies even if the Personal Injury is caused by the negligence, gross negligence or recklessness of released parties. Further, I promise to indemnify and hold harmless the University of Alaska and the Sealaska Heritage Institute, and pay all costs of defense, if claims are brought by me or anyone else against any of the released parties to recover money damages related to any and all Personal Injury to my child/dependent, even if caused by the negligence, gross negligence or recklessness of any released party. I have entered into this agreement on the basis of my own information and not in reliance upon representations of the University or other released parties. I understand that I have the right to consult an attorney of my choice before signing. I further understand that this document contains the entire agreement and no oral or written agreements limiting or modifying the effect of the terms of the agreement exist. I agree that if any part of this agreement is held to be invalid or unenforceable for any reason, the balance of the agreement remains valid and enforceable. I INTEND THAT THIS AGREEMENT IS AND WILL BE BINDING ON MY FAMILY, ESTATE, HEIRS, SUCCESSORS, INSURERS, MEDICAL PROVIDERS AND PERSONAL REPRESENTATIVES. By my signature, I represent that I have knowingly and voluntarily signed this agreement.

\_\_\_\_\_  
Parent/Guardian Signature Date

ADDRESS:  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Phone Number

**AUTHORIZATION FOR SELF-ADMINISTRATION OF MEDICATIONS  
BY CAMP PARTICIPANTS**

**Sealaska Heritage Institute staff will retain possession of all medication until such time as they are needed.** Medications must be in pharmacy-prepared containers and labeled with the name of the child, name of the drug, strength, dosage, frequency and physician's or dentist's name and date of the original prescription. Over-the-counter-medication must be in the original container and labeled with the child's name.

Physician or Dentist's Order: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_ City/Town \_\_\_\_\_ State \_\_\_\_\_

Condition for which drug is being administered during camp  
hours \_\_\_\_\_

**DRUG:**

Name of Drug	Dose	Method of Administration	Times of Administration

If there are side effects, plan for management: \_\_\_\_\_

Is this a controlled drug? \_\_\_\_\_

Allergies to food or drugs \_\_\_\_\_

**Physician Address:** \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone# ( ) \_\_\_\_\_ Email \_\_\_\_\_

\_\_\_\_\_  
**PHYSICIAN OR DENTIST'S SIGNATURE**      **Date**

**Authorization by Parent/Guardian for the administration of the above medication:**

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**To nurse, first aider, director, camp chaperone:**

I hereby request that the above medication, ordered by the physician/dentist for my child, \_\_\_\_\_, be self-administered by my child.

I understand that I must supply the Latseen Leadership Camp with prescribed medication in the original container labeled by the parent with the child's name. I understand that this medication will be destroyed if it is not picked up within one (1) week following the end of camp.

Name of Parent/Guardian \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_