

Have you participated in other summer programs? Yes No

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

Proficiency in **Tlingit** and/or **Haida**

Fluent Speaker

Intermediate/Advanced

Understand, but limited speaking ability

Minimal knowledge/previous instruction

No Previous experience/instruction

Please provide a paragraph about why your culture and education are important to you and your future:

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 Academy Guidelines:

I, _____ (student name), agree to attend the full seven days of the Latseen Leadership Academy and agree to remain drug/tobacco/ and alcohol free during the Academy. I agree to follow the rules, guidelines and schedules as established by Sealaska Heritage Institute staff and mentors and to participate in all the Academy activities to the best of my ability and to support my fellow students attending the Academy. 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 Academy

I hereby give my child / dependent permission to:

- Participate in the Latseen Leadership Academy beginning July 23rd through July 30th, 2010, staying in chaperoned lodging at the Juneau Boy Scout Academy.
- 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 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 Academy 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 Academy.

STUDENT SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE

DATE

Appendix A: Medical Information

Student Name: _____ Date of Birth: _____

Address: _____ City: _____ Zip: _____

Name and phone number of primary emergency contact person

Name and phone number of secondary emergency contact person

Dietary restrictions or special needs: _____

Allergies - List all known allergies such as food, medicine, and environmental: _____

Medications – List all prescribed or over-the-counter medications taken routinely, including dosage and frequency: _____

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

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: _____

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: _____

Physician – Have you been treated by a physician or hospitalized in the past year? If so, please explain. _____

Primary Physician (Name, address and phone number): _____

Appendix B: Agreement and Consent for Treatment

This is to certify that I, the undersigned parent or guardian, hereby consent to and authorize the administration of all needed medicines, performance of needed surgical treatment, and the administration of any anesthetic which is necessary in the opinion of the attending physician, and advisable in the event of medical emergencies regarding my son, daughter or dependent. It is understood that efforts shall be made to contact the undersigned prior to rendering emergency treatment to the patient.

Student's Name: _____ Date of Birth: _____

Student's Address: _____ City: _____ Zip: _____

Student's health and accident insurance company: _____

Membership Number

ANS/PHS Health Card ID Number

Policy Number

List all allergies, especially to medications: _____

I give permission for the Sealaska Heritage Institute contractors/ staff to administer non-prescription medication to my child or dependent as deemed appropriate.

Parent/Guardian Signature: _____ Date: _____

Summer Address: _____ City: _____ Zip: _____

Summer Telephone: Home: _____ Work: _____

EMERGENCY CONTACTS (other than Parent/Guardian listed above)

Name: _____ Relationship: _____

Address: _____ City: _____ Zip: _____

Summer Telephone: Home: _____ Work: _____

Just in case this person cannot be contacted, please include a second emergency contact person.

Name: _____ Relationship: _____

Address: _____ City: _____ Zip: _____

Summer Telephone: Home: _____ Work: _____

Appendix C: AGREEMENT TO RELEASE ALL CLAIMS FOR INJURY OR DEATH TO MY CHILD/DEPENDENT AND TO PROTECT 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 2011 Latseen Leadership Academy (“Academy”). 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 Academy, 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 Academy. 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 Academy. 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 Juneau Boy Scout Academy 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 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

**Appendix D: AUTHORIZATION FOR SELF-ADMINISTRATION OF MEDICATIONS
BY ACADEMY 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/State _____

Condition for which drug is being administered during Academy 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, Academy 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 Academy 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 Academy.

Name of Parent/Guardian _____ Relationship to Child _____

Signature _____ Date _____