

Culture Camp 2018

Registration Form

REGISTRATION FORMS ARE DUE JUNE 29, 2018

There are two sessions scheduled for Culture Camp. The planned activities for day camp are: Klamath History and Storytelling, Klamath Language, Flint Napping (Arrowhead Making), Bead Work, Tule ducks, Tule Skirts, Basket Making, Drumming, and Swimming. *Not all activities are going to be available to all age groups due to safety concerns.*

Session 1

Age Group: 6 – 12 years

When:

July 24th-27th

Session 2

Age Group: 13 -17 years

When:

July 31st-August 3rd

Culture Camp will be held at Lake of the Woods. Transportation will be provided to and from Culture Camp for youth. *Availability of transportation may dictate the number of youth that may attend.* The following locations and times will be:

Klamath Tribal Health in Klamath Falls – departing at 8:00 a.m. and returning at 4:00 p.m. daily

Klamath Tribes Administration Office in Chiloquin – departing at 8:00 a.m. and returning at 4:00 p.m. daily

If you have a child with special needs, behavioral issues, disabilities, or have a diagnosis that we need to be aware of, please contact the Culture and Heritage Department to discuss the situation.

Parents: Please make sure your child(ren) brings swim suit and personal item with a backpack/duffle bag. *If your child(ren) are on any medication please also notify the Culture and Heritage Department when submitting the application.*

Culture Camp Rules

- 1.) Treat others how you want to be treated. No hitting, name calling, throwing any objects, etc.
- 2.) Respect Mother Earth. No littering. Please throw all garbage in the garbage cans.
- 3.) Fun learning experience. Participate in all cultural activities being passed down to you.
- 4.) Respect your Elders. Listen to all adults speaking to you and follow directions.
- 5.) Leave your pets at home. No pets are allowed at Culture Camp.
- 6.) Leave your cell phone and electronic devices at home. These are not allowed at Culture Camp.

Youth who do not follow the rules and misbehave, will be transported home and not allowed to return to camp. Culture Camp is a privilege, not a right.

Culture Camp Registration Form

#	Name	Age	Date of Birth	Any special needs	Pick Up Chiloquin	Pick Up Klamath Falls
1						
2						
3						
4						
5						

Contact Information

Parent(s)/Guardians Name	
Mailing Address	
Physical Address	
City, State, Zip	
Home Phone	
Cell Phone	
Message/ Work Phone	
Directions to your home	
Family Doctor/Clinic & Phone	
Emergency Contact	
Emergency Contact Phone	
Who has permission to pick up your children other than those listed above. List name and phone #.	

Emergency Medical Information:

Please state, for each child, any medical condition(s) we should be aware of. Medical conditions include, but are not limited to, allergies, allergic reactions, illnesses and any current medication(s) the child is using.

Child's Full Name	Condition/Allergy to	Medication name	How much/how often

Treating Physician of each child:

Child's Name	Treating Physician	Telephone Number

Parent/Guardian Signature

Date

Registration forms will not be accepted after 4:00 p.m. on Friday June 29, 2018

Medical Release forms due July 9-20, 2018 for Week 1 Campers; July 16-27, 2018 for Week 2 campers. Please refer to due dates on medical release form!

Children will not be allowed to attend without all paperwork turned in by the required dates. No Exceptions!!!

Applications will be taken on a first come first serve basis.

For more information or questions on the event, please contact The Culture & Heritage Department at (541)783-2764 x101 or mandy.roberson@klamathtribes.com

PERMISSION SLIP:

I give my permission for my child(ren) to swim at Culture Camp under the supervision of the Culture Camp staff.

_____ Yes _____ No

Parent/Guardian Signature

Date

Please fill out registration and medical release forms completely and return to: **The Klamath Tribes**
Culture & Heritage Department
P.O. Box 436
Chiloquin, OR 97624
mandy.roberson@klamathtribes.com

I, the undersigned parent or guardian, do hereby release and discharge the Klamath Tribes, the Klamath Tribes' Culture and Heritage Department and staff, volunteers and representatives from any and all claims for personal injuries to the child/children registered above and for any lost or stolen items. I give permission to allow the Klamath Tribes Culture and Heritage Department staff to seek emergency transportation and/or medical treatment for my child as deemed necessary under the existing circumstances.

Parent/Guardian Signature: _____

Date Signed: _____

Office Use Only

Date Received: _____ Time Received: _____ Completed All Necessary Forms: _____ Yes _____ No

Registration Form: _____ Yes _____ No Medical Release Form: _____ Yes _____ No Dental Screening _____ Yes _____ No
(Not required):

Accepted: _____ Denied: _____ Reason if denied: _____

Notified Parent on date: _____ Notified Parent at Time: _____

Comments: _____

**Klamath Tribal Health & Family Services
Dental Clinic
330 Chiloquin Blvd
Chiloquin, OR 97624
(541)783-3295**

Authorization for Oral/Dental Screening

I hereby give the Klamath Tribal Health & Family Services Dental team permission to

1) perform a limited dental exam for my child(ren) at Culture Camp.

Please check: _____ Yes _____ No

2) apply topical fluoride treatment to my child(ren)'s teeth at Culture Camp.

Please check: _____ Yes _____ No

3) use my child(ren)'s likeness in photography for American Dental Society publications, promotional purposes, website, media press releases and coverage on behalf of Klamath Tribal Health & Family Services. I understand that I, or my minor child (under age 18), will not receive compensation for the use of this likeness in any form.

Please check: _____ Yes _____ No

Thank you for your participation.

Child(ren)'s Name (please print) _____

Name of Parent/Guardian (please print) _____

Signature of Parent/Guardian _____

Date: _____

Medical Release Form

This form is to ensure that the child(ren) you are sending to camp are head lice free. This is out of consideration of your child(ren) as well as all other campers. If this form is not returned within the timeframe below, your child(ren) will not be allowed to attend camp.

No exceptions!!!

This form is required before children can attend culture camp. Please have this form completed by a doctor or a doctor's office no sooner than 2 weeks before camp.

Please have doctor or nurse complete this form:
*for children ages 6-12, between the dates of **July 9-20, 2018***
*for children ages 13-17, between the dates of **July 16-27, 2018***

Name of Clinic: _____

Address of Clinic: _____

City: _____ State: _____ Zip: _____

Print Name of Doctor or Nurse: _____

I acknowledge that I have checked _____,

for head lice and he/she is given a clean bill of health and may attend Culture Camp.

Signature: _____ Date: _____

Additional children in the household that have passed the head lice check:

(Doctor's Initials)

(Doctor's Initials)

(Doctor's Initials)

(Doctor's Initials)

Parent/Guardian Signature

Parent/Guardian Printed Name

**THE COMPLETED FORM MUST BE DELIVERED TO CULTURE & HERITAGE DEPARTMENT
NO LATER THAN MONDAY BEFORE CULTURE CAMP STARTS FOR YOUR CHILD(REN).**

Culture Camp Rules

Please go over these rules with your child before camp starts

_____ Be respectful at all times

_____ No physical contact. Keep your hands to yourself at all times

_____ Be responsible

_____ Listen and mind the adults, camp counselors or workers at all time

_____ Each child must participate in camp

_____ Absolutely no bullying

_____ All kids need to be on their best behavior

_____ No offensive language (cussing, bullying, disrespectful, back talking etc.)

_____ If a child has a question, needs help, or has a concern, please tell them to talk to an adult. If we do not know something is happening, we cannot correct it. And we need to know when it happens, so we can put a stop to it then, not a day later

_____ If child does not follow the rules, they will be sent home

_____ If your child is swimming, please make sure they have a swim suit/swim trunks and a towel. Please make sure they have a backpack/bag to carry swim stuff

We want to make this a fun learning experience

I, _____ have gone over the rules with my child/children. If my child/children does not follow the rules, they will be sent home and not allowed back to Culture Camp and they will not receive a t-shirt. I can best be reached at this phone # _____ if there is a problem and my child needs to be sent home.