

# COWLITZ INDIAN TRIBE



COWLITZ YOUTH PROGRAM  
YOUTH SPRING CAMP  
APRIL 20 to 22, 2018  
Mount St. Helens Science and Learning Center  
19000 Spirit Lake Hwy, Toutle, WA 98649



## CAMPER INFORMATION (Please Print)

Camper's Name: \_\_\_\_\_  
Last First Nickname

Address: \_\_\_\_\_  
Street address Apt #  
\_\_\_\_\_  
City State Zip Code

Home Phone: (\_\_\_\_) \_\_\_\_\_ Camper's Cell Phone: (\_\_\_\_) \_\_\_\_\_

Camper's E-Mail Address: \_\_\_\_\_ Tribal Affiliation: \_\_\_\_\_

Gender:  Female  Male Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade in Fall: \_\_\_\_\_

## CUSTODIAL PARENT/GUARDIAN INFORMATION

Camper is in the custody of:  Both Parents  Mother Only  Father Only  Other: \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_  
Last First

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_  
Last First

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

## LIST PEOPLE AUTHORIZED TO PICK UP YOUR CHILD

Full Name	Address	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

# WAIVER OF LIABILITY FOR THE COWLITZ TRIBE AND COWLITZ YOUTH PROGRAM

## RELEASE AGREEMENT

I have been advised and understand that there are potential personal risks associated with the Cowlitz Youth Program's Youth Summer Camp including but not limited to: traveling and activities in or near water. I release the Cowlitz Indian Tribe and any/all participants and/or volunteers of the Cowlitz Youth Program from all claims and liabilities, losses and harm which may happen during any/all Cowlitz Youth Program functions, which are in any way related to bodily injury, death, property damage and any other loss of this kind, whether or not caused by negligence, fault or other default of the Cowlitz Youth Program. My child has permission to participate in the Cowlitz Youth Program's Youth Summer Camp. I will assure that my child is properly prepared for all activities, including having proper clothes and equipment, being in good health, willing and able to participate in camp activities, willing to abide by camp policies and follow directions of Cowlitz Youth Program personnel. I hereby release the Cowlitz Indian Tribe and any of its employees or volunteers from all claims of liability or any damages or injuries which may be sustained while my child is attending the Cowlitz Youth Program. I give my permission for my child to travel by Cowlitz Indian Tribe transportation for camp activities including field trips. I release the Cowlitz Indian Tribe and/or its employees/volunteers of any responsibility in the event of an accident. I will not hold the Cowlitz Tribe and/or its employees/volunteers responsible for any injury or emergency treatment that might be needed. **Initials:** \_\_\_\_\_

## AUTHORIZATION OF TREATMENT

I give permission for my child to receive emergency care during the period of the Youth Summer Camp ("Camp") and Tribal events before and after the Camp, including any and all emergency first aid treatment. I also give permission for my child to be transported by ambulance and/or car to an emergency center for treatment. If I can't be contacted, I consent to the performance of any medical and/or surgical care for my child by a licensed physician and/or hospital when deemed immediately necessary or advised by the physician to safeguard my child's health. I understand that accident and health insurance coverage is the responsibility of individual parents and/or legal guardians. I accept full responsibility for the cost of such medical treatments. **Initials:** \_\_\_\_\_

## PHOTO RELEASE

In the event that my child is photographed or filmed; The Cowlitz Indian Tribe may use the photo, film or recording for publicity, promotional, or instructional purposes. **Initials:** \_\_\_\_\_

## HEALTH INFORMATION

**Insurance Company:** \_\_\_\_\_ **Subscriber's Name:** \_\_\_\_\_ **Policy/Group ID#:** \_\_\_\_\_

**Medical Provider's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Any known allergies:**  No  Yes **If yes, please explain:** \_\_\_\_\_

**Does child wear glasses and/or contacts?**  No  Yes **If yes, please explain:** \_\_\_\_\_

**Date of last Tetanus Shot:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please list all Medications (Medications must be prescriptions and in original bottle):**

**Name:** \_\_\_\_\_ **Dosage:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Dosage:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Dosage:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Authorization for over the counter medications (Tylenol, Advil ect.)?**  No  Yes **If yes, please list any that are not Authorized:** \_\_\_\_\_

**Authorization for topical first aid items (Sun Screen, Neosporin, ect.)?**  No  Yes **If yes, please list any that are not Authorized:** \_\_\_\_\_

Children are checked by trained staff for head lice. Children will not be allowed to register in for camp, if signs of head lice are present. Child must be treated prior to registration.

**By initialing the above and signing below, you acknowledge that you have read and agree to each item in this Waiver of Liability.**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**