

**VILLAGE OF SOLOMON (VOS)
FRANCES WRIGHT YOUTH & ELDER CAMP APPLICATION**

Deadline for applications is June 8, 2024

Youth First/Last Name _____ DOB _____

Tribal Enrollment Number: _____ Social Security Number _____

Age _____ Grade (in fall) _____ Male _____ Female _____

Parent(s)/Legal Guardian(s) Name (s) _____

Current Mailing Address _____

Phone# _____ Work # _____ Email _____

In case of an emergency, please contact _____

Relationship to child: _____

Home# _____ Work# _____ Cellphone# _____

Can you swim? No _____ Yes _____

Do you have any allergies (food, Mosquito bites)? No _____ Yes _____ *(please explain)*

Are you currently taking any medications? No _____ Yes _____ *(please explain)*

Any physical disabilities we should know about? No _____ Yes _____ *(please explain)*

Other pertinent facts to which the VOS staff and/or medical physician should be aware of: _____

Other information to be aware of: _____

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Parent Authorization

Youth First/Last Name: _____ DOB: _____
Tribal Enrollment Number: _____ Social Security Number: _____

By signing below, I give permission for my child to participate in the Village of Solomon's summer youth spirit camp and its activities, including travel.

Further, I understand that my child may be sent home if he/she violates any rules or policies set forth by the Village of Solomon.

By signing below, I give permission for images of my child to be used for any news, promotion, and education materials produced by the Village of Solomon or related funding agencies.

By signing below, I give permission for my child to obtain medical care in the event that such care is necessary. The parent(s) or legal guardian will be contacted in the event of an emergency. Permission is hereby granted to a licensed physician or accredited hospital and their associates to perform any medical and/or surgical procedures that are deemed essential to the treatment.

Brief medical history:

Allergies: _____ Medication: _____
Diabetes: _____ Medication: _____
Epilepsy: _____ Medication: _____

Any other medicine required: _____

COVID19 Vaccination card provided? _____

PROOF OF INSURANCE REQUIRED

Name of insurance company: ___ IHS (AK Native) ___ DenaliKidcare ___ Other

Policy #: _____

The information given above is complete and accurate to the best of my knowledge.

Parent/Legal Guardian Signature: _____

Home Telephone: _____ Work Telephone: _____ Cell: _____

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Youth Participation Agreement

Youth's First/Last Name (*please print*) _____

As a participant of the Village of Solomon's Summer Youth Spirit Camp, I agree to the following:

1. I am responsible for my own actions and will act in a mature manner at all times during the camp.
2. I agree to attend and participate in all activities, including my share of camp chores, with a positive attitude.
3. I will NOT use alcohol, tobacco or any drugs during activities.
4. I will honor the activity schedule: therefore, I will NOT be leaving the campgrounds, unless as part of an organized activity, I will be accountable for my whereabouts at all times and will keep the camp coordinator and adult volunteers informed of my whereabouts.
5. I UNDERSTAND THAT I WILL BE SENT HOME IF I DO NOT COOPERATE AND MAY NOT BE ABLE TO ATTEND OTHER VILLAGE OF SOLOMON (VOS) SPONSORED ACTIVITIES.

I agree to the above terms and conditions.

Youth participant Signature

Date

I have read the above Youth Participation Agreement and discussed the consequences of violating any of these agreements with my child.

Parent/Guardian Signature

Date

Contact numbers: _____
Day

Evening

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Release Waiver and Indemnification

The undersigned participant and his/her parent or legal guardian, if the participant is under the age of 18 years of age, do hereby execute this release, waiver and indemnification for himself/herself, and his/hers, successors, representatives assignees and hereby agrees:

To release Village of Solomon, and their officers, volunteers and agents from any and all liability, loss, damage, costs, claims or causes of action including, but not limited to all bodily injuries and property damage arising from Village of Solomon sponsored activities and events, excluding liability arising out of the sole negligence of Village of Solomon, and all its representatives.

The undersigned further agrees to indemnify and hold harmless Village of Solomon, and their volunteers and agents from any and all liability, loss, damage, costs, claims of causes of action, including attorneys fees and witness costs, arising out of the undersigned's participation in Village of Solomon sponsored activities and events.

Signature of Youth Participant

Date

Signature of Parent or Legal Guardian

Date

YOUR APPLICATION MUST BE RECEIVED BY THE VILLAGE OF SOLOMON'S TRIBAL OFFICE BY MONDAY, JUNE 8, 2024. ALL 5 PAGES MUST BE COMPLETELY FILLED OUT OR WILL NOT BE CONSIDERED.

Mail your application to: Village of Solomon
Box 2053
Nome, Alaska 99762

Fax: 907 443-5189

Scan/Email: tc.sol@kawerak.org