



Camp Qungaayux 2023

- Youth Registration

PARTICIPANT INFORMATION

Name:	Gender: (circle one) Male Female	DOB:	Sweater size: (circle one) Youth: L XL or Adult: S M L XL XXL
Mailing Address:	City:	State:	Zip Code:
Physical Address:	City:	State:	Zip Code:
Youth Resident of Unalaska/Dutch Harbor? <input type="checkbox"/> Yes <input type="checkbox"/> No	School Grade: (next year)	Attended Before: <input type="checkbox"/> Yes <input type="checkbox"/> No	Tribal Member: <input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child have a finished drum? Has it been painted?	YES NO YES NO	<i>Please have your child bring their unfinished drum to camp to be completed.</i>	
Does your child have a finished Aleut Visor? Has it been painted?	YES NO YES NO	<i>Please have your child bring their unfinished visor to camp to be completed.</i>	

PARENT/GUARDIAN INFORMATION

Parent or Guardian:	Cell Phone #:	Work Phone #:	Other:
Parent primary eMail address to be used for information regarding camp:			

EMERGENCY CONTACT INFORMATION

Name: (To be used only if parent or guardian is not available)	Cell Phone #:	Work Phone #:	Other:
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MEDICAL & HEALTH INFORMATION

Does your child have medical, behavioral, physical, dietary, or other health related challenges or concerns? Yes No If yes, explain:

Does your child have any allergies to food or other? If yes, please list: _____

Will you be sending any medications with your child to camp? Yes No (all medications must be in original container)

Medication: _____

Instructions: _____

Do you have family medical insurance? Yes No

Policy/Group #: _____ Carrier: _____ Primary Person: _____

MEDIA RELEASE

(Parent Initial)

On occasion, the Qawalangin Tribe staff may film and/or take photos of participants enrolled in this event. Please be aware that these photos are for the Qawalangin Tribe and event contributors use (to include but not limited to: Qawalangin Tribe of Unalaska, KUCB, APIA, Ounalashka Corporation, APICDA, Alaska Community Foundation, Alaska Children Trust, Aleut Foundation, Aleut Corporation, Aleutian Housing Association, APIA Federally Recognized Tribes, CIRI Foundation, Museum of the Aleutians, NOAA, RurAL CAP, and may be used in pamphlets, flyers, brochures, digital stories and/or on websites or Facebook. By signing below, I grant my permission, the right to incorporate my and/or my child's (children's) photograph and/or personal experience and/or video footage taken as a result of participating (alone or together with other materials), in whole or in part in the activity/activities.

CODE OF CONDUCT – Student and Parent must sign acknowledgment

Participants of all ages agree to adhere to the following code of conduct. Violations of the code of conduct is strictly prohibited and will not be tolerated. Violations include:

- Bullying or taking unfair advantage of another participant, mentor or volunteer.
- Conducting yourself in a manner that is unsafe or endangers the life, safety, or health and well-being of others.
- Failing to follow rules or cooperate with adult supervision.
- Verbally, physically, or visually harassing another or directing abusive language, discourteous or rude behavior, or threats or actual violence towards a staff member, volunteer, mentor or another participant or group.
- Bringing onto the event venue dangerous or unauthorized materials such explosives, firearms, weapons or other similar items.
- Possession or use of alcoholic beverages or illegal drugs on the event venue or reporting to the program while under the influence of drugs or alcohol.

(Student Initial)

I have read the Qawalangin Tribe's Code of Conduct. I agree to abide by the rules described above and understand that I may be removed from the program if I violate any of these rules.

(Parent Initial)

I have read the Qawalangin Tribe's Code of Conduct. I agree to abide by the rules described above and understand that I may be removed from the program if I violate any of these rules.

CONSENT AND AUTHORIZATION

(Parent Initial)

CIRCLE six activities your child is MOST INTERESTED IN PARTICIPTAING IN AT CAMP:

PLEASE CHECK THE BOX next to the activity that is not permitted. An alternate activity will be offered.

- | | | |
|--|---|---|
| <input type="checkbox"/> Plant & Salve Making | <input type="checkbox"/> Intertidal Studies | <input type="checkbox"/> Archeology |
| <input type="checkbox"/> Head dressing | <input type="checkbox"/> Bentwood Hats | <input type="checkbox"/> Weaving |
| <input type="checkbox"/> Skin & Gut Sewing | <input type="checkbox"/> Unangam Tunuu Language | <input type="checkbox"/> Song and Dance |
| <input type="checkbox"/> Atl Atl (Spear Throwing) | <input type="checkbox"/> Traditional Food Cooking | <input type="checkbox"/> Hunting/Fishing (Preserve & prepare fish only) |
| <input type="checkbox"/> Nigilax Build (Open Boat) | <input type="checkbox"/> Breaking Waves Course | <input type="checkbox"/> Genealogy – Family Tree |

(Parent Initial)

In ocean Kayak and Paddling, this will only be offered to youth in grades 7-12th. Parent are requested to initial here if their child is permitted to work with our mentor to learn how to safely and properly paddle in the ocean within a Kayak.

Mentor – Dustin Newman, APIA Mentor.

GENERAL WAIVER OF LIABILITY &

Waiver of Liability Related to COVID-19 or another Communicable Disease

(Parent Initial)

Please read this form carefully and be aware that in signing this form and participating in this activity, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you and/or your child/ward might sustain as the result of participating in any and all activities connected and associated with this activity. I recognize and acknowledge that there are certain risks of physical injury to participants in this activity, and I voluntarily agree to assume the full risk of any injuries, damages or loss, regardless of severity, that my child/ward and/or I may sustain as a result of participating in this activity. I further agree to waive and relinquish all claims that I and/or my child/ward and/or any related third party may have (or accrue to me and/or my child/ward) as a result of participating in this activity against the Qawalangin Tribe its officers, agents, directors, volunteers, and employees (hereinafter collectively referred to as "Parties".)

(Parent Initial)

The Coronavirus has been declared a worldwide pandemic by the World Health Organization. COVID-19 is reported to be extremely contagious with the capacity to transmit from person-to-person through respiratory droplets and/or by contact with contaminated surfaces and objects. **The Qawalangin Tribe of Unalaska follow all recommended guidelines for limiting the transmission of COVID-19 as set forth by the City of Unalaska, State of Alaska and CDC. The Qawalangin Tribe will implement and strictly enforce these guidelines among the attendees, Mentors, Staff and Volunteers during the camp. Even with these measures, it is not possible to completely prevent the presence of the disease. The Qawalangin Tribe cannot guarantee that you will not become exposed to or contract COVID-19, or another communicable disease while participating in Camp Qungaayux. Attending the event could increase your risk and your child(ren)'s risk of contracting COVID-19, or another communicable disease.**

(Parent Initial)

Please Initial the following:

By Registering for Camp Qungaayux on behalf of yourself or your minor child(ren), you acknowledge that by choosing to attend the Qawalangin Tribe of Unalaska's - Camp Qungaayux may be exposing yourself, or your minor child(ren), to and/or increasing your risk of contracting COVID-19 or another communicable disease. And in order to take all precautions for yourself and others, you attest that:

- In the last 14 days leading up to the event, you have not experienced any of the following symptoms: cough, shortness of breath or difficulty breathing, fever, chills, body aches for unknown reasons, sore throat, or new loss of taste or smell.
- You have not traveled internationally within 14 days prior to the event date.
- You do not believe you have been exposed to someone with a suspected and/or confirmed case of COVID-19 within the last 14 days prior to the event.
- You have not been diagnosed with COVID-19 and not yet cleared as non-contagious by state or local public health authorities with 14 days prior to the event date.
- You are following all CDC recommended guidelines and limiting your exposure to COVID-19 or another communicable disease.

On my behalf and/or on behalf of my child(ren), I hereby release and discharge the Qawalangin Tribe of Unalaska, its officers, directors, managers, officials, trustees, agents, employee, Mentors, volunteers, and other representatives from all liabilities, claims, demands, and causes of action in connection with exposure, infection, or spread of COVID-19, or another communicable disease that may be incurred in connection with my and/or my child(ren)'s attendance at Camp Qungaayux. I understand that this waiver means I give up my right to bring any claims including for personal injury, disease, death, or any other loss, including but not limited to claims of negligence of the Qawalangin Tribe of Unalaska, its officers, directors, managers, officials, trustees, agents, employees, Mentors, volunteers, and other representatives, whether a COVID-19 infection occurs before, during, or after participation in any Camp Qungaayux event.

In signing this Waiver to Participate form, I acknowledge and represent that I have read and fully understand the above important information, warning of risk, waiver and release of all claims and assumption of risk. I further covenant and agree that for the considerations state above my child, any related third party, and/or I will not sue the Qawalangin Tribe of Unalaska and affiliates, its members individually, its officers, agents, employees, Mentors, and volunteers for any claim for damages arising or growing out of my child's and/or my participation in above said activities. Further, I understand that this assent and Consent to Participate and covenant not to sue shall be effective during the entire period of my enrollment at the institution or participation in risk related activity.

By signing below, I do hereby fully release and forever discharge the Parties from any and all claims for injuries, damages, or losses that my child/ward and/or I may have, or which may accrue to me and/or my child/ward and arising out of, connected with, or in any way associated with this activity.

PARTICIPATION WILL BE DENIED If waiver is not on file or if the signature of the adult participant or the signature of the parent/guardian of a minor participant and the date are not on this waiver.

Print Youth Name	Youth Signature & Date
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Print Parent/Guardian Name	Parent/Guardian Signature & Date
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OFFICE USE ONLY

Print QT Camp Supervisor Name	Signature & Date
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