



Welcome to the Dreamz Not Drugz Campout!

June 28-30, 2016

All completed registration packets must be returned to the Indian Child & Family Preservation Program at: 2525 Cleveland Ave., Ste H, Santa Rosa, CA 95403. Packets can also be sent via email at icfpinc@gmail.com or via fax at (707) 544-8729.

Packet Includes:

- Registration Form ►Consent Form
- Camp Checklist ►Camper's Commitment
- Permission, Release, and Indemnification

Check-in: Check-in begins at 12:00 noon on Tuesday June 28th

Location: Ya-Ka-Ama Indian Education and Development Inc.

7465 Steve Olson Lane

Forestville, CA 95436

(707) 887-1541

Pick-up: Thursday, June 30th at 12:00 noon

Mandatory: Overnight camping for youth under 10 must have a parent or chaper-one during the entire camp. All adults must register.

Registration packets must be returned by **June 14th** to the Indian Child & Family Preservation Program at: 2525 Cleveland Ave., Suite H. Santa Rosa, CA 95403 or faxed to (707) 544-8729.

If you have questions or concerns, please call (707) 544-8509 or email icfpinc@gmail.com.



Registration Form

1. **YOUTH Name** (first last): _____

Age: _____ Gender: M F Shirt size: _____

Tribe: _____ Can you swim?: Yes No

Allergies: _____ Medications: _____

2. **YOUTH Name** (first last): _____

Age: _____ Gender: M F Shirt size: _____

Tribe: _____ Can you swim?: Yes No

Allergies: _____ Medications: _____

3. **YOUTH Name** (first last): _____

Age: _____ Gender: M F Shirt size: _____

Tribe: _____ Can you swim?: Yes No

Allergies: _____ Medications: _____

4. **YOUTH Name** (first last): _____

Age: _____ Gender: M F Shirt size: _____

Tribe: _____ Can you swim?: Yes No

Allergies: _____ Medications: _____

Emergency Contact:

Relationship: _____ Phone: _____ Cell: _____

Will a parent/guardian attend with you? Yes No

If Yes, include full name here: _____ CDL: _____

*** * All adults must complete a separate registration form * ***

Registration packets must be returned by **June 14th** to the Indian Child & Family Preservation Program at: 2525 Cleveland Ave., Suite H. Santa Rosa, CA 95403 or faxed to (707) 544-8729.

If you have questions or concerns, please call (707) 544-8509 or email icfpinc@gmail.com.



Digital Consent Form

I, _____, am the parent and/or legal guardian of:

and **give** / **DO NOT give** permission for my child(ren) to be photographed, interviewed, or video taped at the ICFPP sponsored event, Dreamz Not Drugz on June 28- 30, 2016, to be used for purposes such as: publications, advertising and/or grant writing/reporting purposes.

Parent/Guardian Signature _____

Please Print Name _____

Camper's Commitment

I commit to bringing my best attitude to camp. I will participate to the best of my ability and will act in a safe and respectable manner to the staff and volunteers, my fellow campers, and myself. I commit to being a good example to my community and will strive to promote the philosophy of Dreamz Not Drugz by remaining drug and alcohol free.

Child's Signature _____

Child's Signature _____

Child's Signature _____

Child's Signature _____

Parent/Guardian Signature _____

Registration packets must be returned by **June 14th** to the Indian Child & Family Preservation Program at: 2525 Cleveland Ave., Suite H. Santa Rosa, CA 95403 or faxed to (707) 544-8729.

If you have questions or concerns, please call (707) 544-8509 or email icfppinc@gmail.com.

Dreamz Not Drugz Campout 2016

(Please read the entire form & sign)

I, _____, am the parent and/or legal guardian of:

and have read what is required and recommended for my child(ren) to attend camp.

Parent/Guardian Signature: _____

(Please read the entire form & sign)

Camp Check List

REQUIRED:

Tent **with** instructions (may share with a sibling or relative)

Sleeping Bag / Blanket / Pillow

Extra clothing, Socks / Sneakers

Jacket /sweatshirt

Towel

Personal items/toiletries (individual shampoo, conditioner, soap & deodorant, etc.)

Any medications as needed

* * Reusable plate, cup, and utensils * * **Show these at registration and you'll get an extra raffle ticket!**

RECOMMENDED:

Traditional Dance regalia (dancing on Tuesday and Wednesday night)

Swim clothes

Sun block

Water shoes

Life vest

Lawn Chair

Bike

Bug Spray

Additional personal snacks (meals provided)

***NO ELECTRONIC DEVICES**

***We WILL NOT be responsible for anything lost, stolen, or broken.**

Registration packets must be returned by **June 14th** to the Indian Child & Family Preservation Program at: 2525 Cleveland Ave., Suite H. Santa Rosa, CA 95403 or faxed to (707) 544-8729.

If you have questions or concerns, please call (707) 544-8509 or email icfppinc@gmail.com.

Dreamz Not Drugz Campout 2016

Permission, Release, and Indemnification

I, _____, am the parent and/or legal guardian of:

and I hereby give permission for my child or children named above to participate in all Dreamz Not Drugz activities to be offered at Ya-Ka-Ama Indian Education and Development Inc. on June 28-30, 2016, by Indian Child and Family Preservation Program (ICFPP).

I understand that the Dreamz Not Drugz activities include, but are not limited to, overnight camping at Ya-Ka-Ama, campfire events, and other outdoor activities, including water activities located on or adjacent to the Ya-Ka-Ama property. I understand the potential hazards of such activities and give my permission for my child(ren) named above to participate in all of them. I understand also that I have a right to be present at all Dreamz Not Drugz activities and to personally supervise my child(ren). I am not aware of any special needs or conditions of my child(ren) that could make these activities unusually dangerous for them, or cause them to require special attention or supervision.

I release and hold harmless, Ya-Ka-Ama Indian Education and Development Inc., and Indian Child & Family Preservation Program, and their respective staff, officers, employees, agents, volunteers and directors against all liability that may arise or be alleged by any person or entity to arise as a result of participation by my child(ren) in any Dreamz Not Drugz activity, including, but not limited to liability for injuries, illness, or death allegedly caused by negligence. I also agree to defend and indemnify Ya-Ka-Ama and Indian Child and Family Preservation Program, and their respective staff, officers, employees, agents, volunteers and directors against all claims of any nature made by anyone in connection with the participation by my child(ren) in those events.

Signature (Parent or Guardian)

Date

Print Name

Attest

Date

If you have questions or concerns, please call (707) 544-8509 or email icfppinc@gmail.com.