



# FAIHP

Fresno American Indian Health Project



## 2017 Youth GONA Registration Form

**July 24- 28<sup>TH</sup>, 2017**

**Please submit completed registration forms to  
Fresno American Indian Health Project**

**Fax: (559) 320-0494**

**Email: [rramirez@faihp.org](mailto:rramirez@faihp.org)**

**Ages 13-17  
Space is Limited  
Registration Due  
July 7, 2017**

**Mandatory Orientation  
Dates: TBA**

Youth Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: Male / Female  
Favorite Song: \_\_\_\_\_ T-Shirt Size: Adult / Child S - 4XL \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_ Tribe: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Phone # \_\_\_\_\_ Email \_\_\_\_\_  
Referred by: Name: \_\_\_\_\_ Agency: \_\_\_\_\_

### Special Needs

Do you have any food allergies? No Yes \_\_\_\_\_  
Do you have any allergies to medication? No Yes \_\_\_\_\_  
Do you have any dietary or health restrictions? No Yes \_\_\_\_\_  
Are you currently taking any medications? No Yes \_\_\_\_\_

Name of medication(s): \_\_\_\_\_

Dosage: \_\_\_\_\_

Times to administer: \_\_\_\_\_

### Permission to Participate

I, \_\_\_\_\_, the parent, or legal guardian of \_\_\_\_\_, gives permission for my child to participate in the above named event. I understand that my child will abide by all rules and regulations set forth by FAIHP staff and volunteers. If said rules and regulations are not followed, I understand that my child may not be able to participate in future FAIHP sponsored events.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

**\*\* Application submission does not guarantee acceptance into the program.  
A FAIHP staff member will contact you for a pre-event screening.**

For Office Use Only:	
Date received:	_____
By:	_____
Date screened:	_____
By:	_____
Accepted	Not Accepted

## BEHAVIOR

The Fresno American Indian Health Project and partnering agencies respectfully request all attendees abide by the Code of Conduct as a condition of their participation in the 2017 GONA. The following rules of conduct apply to all youth and adults participating in the 2017 GONA

**Parents – please read with your youth, help them have a fun and safe time at GONA**

- ❖ Attendees shall conduct themselves in a respectful manner and agree to abide by all GONA rules and instructions conveyed by GONA Hosts.
- ❖ All participants (Youth /Adults) will be expected to attend and participate in all scheduled workshops and events, unless they are excused for the following reasons: Illness, restriction due to limited physical or medical reasons, religious beliefs.
- ❖ Everyone will show respect and conduct themselves in an honorable manner in the presence of healers, workshops, presenters, and to anyone else who enters the GONA Grounds.
- ❖ Everyone will agree in volunteering and assisting with various GONA responsibilities such as setting up, helping with projects, setting up for the presenters, cleaning up after your meals, and coordination of recreational activities, etc.
- ❖ No fighting, arguing, or dangerous horseplay, which might injure another person will be allowed.
- ❖ No Profane language on the GONA Grounds
- ❖ Boys and Girls will respect each other while at the GONA.

**The following are prohibited; and use of or possession of may result in removal from GONA grounds**

- ❖ Alcohol, tobacco, and any kind of illegal, non-prescribed drugs.
- ❖ Weapons of any kind
- ❖ Gang attire and colors, or any clothing considered distasteful or restrictive.
- ❖ Inappropriate language
- ❖ **Any kind of electronic equipment. (Including cell phones), a staff phone is available in the event of an emergency and numbers will be provided at Orientation**

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Youth Participant Signature

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Parent / Guardian Signature

Parents and Chaperones are responsible for the transportation of their youth, if for any reason there is an infringement of the code of conduct parents or chaperones will be required to take the appropriate actions.

# THIRD PARTY CONSENT FOR MEDICAL SERVICES FORM

Please attach copy of Insurance Card	<input type="checkbox"/>
And Tribal Identification	<input type="checkbox"/>

## Parent's or guardian's authorization for consent to medical treatment or intervention of minor child

I, \_\_\_\_\_ the parent, or legal guardian of \_\_\_\_\_  
(Parent's or Legal Guardian's Name) (Student/child's name)

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Authorize the adult representative of **Fresno American Indian Health Project** to consent to any X-Ray, examination, anesthetic, medical or surgical supervision on advice of any physician or surgeon licensed to practice medicine, when the need for medical treatment or intervention is immediate and when efforts to contact me are unsuccessful. The authorization given pursuant to SECTION 25:8 of the Civil Code of California.

My child has \_\_\_\_\_ Medical Insurance.

Policy Number: \_\_\_\_\_

Primary Doctor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

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## PERMISSION TO PHOTOGRAPH/VIDEO & PUBLICIZE

I hereby give permission to the **Fresno American Indian Health Project (FAIHP)** to photograph my minor student/child \_\_\_\_\_ at events or at events, the **FAIHP** attends and coordinates. I understand that photographs or videos of them, or their drawings and writings may appear in newspapers, magazines, on television, video presentations, or **FAIHP** websites and publications.

I agree that I will not demand payment of any kind in the event that my child's picture, video voice, likeness, drawings, or writings are used by **FAIHP** to promote or publicize any of its programs or activities.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature Youth Participant

\_\_\_\_\_  
Date

## EMERGENCY CONTACT INFORMATION

In case of an emergency, please list whom we need to contact in order of priority.

**First to Contact:** \_\_\_\_\_ Relationship to youth: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Message phone: \_\_\_\_\_

**Second to Contact:** \_\_\_\_\_ Relationship to youth: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Message phone: \_\_\_\_\_

**Third to Contact:** \_\_\_\_\_ Relationship to youth: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Message phone: \_\_\_\_\_

I understand that the information given on this form will be used to contact members and relatives for emergencies only.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

# Fresno American Indian Health Project

1551 E. Shaw Avenue, Ste. 139 - Fresno, CA 93710

559-320-0490

## GONA 2017 Mandated Reporting Consent and Assent

Name of participant: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### SECTION A – Purpose

The State of California requires by law those who are in the position of an administrator of a public or private day camp; an administrator or employee of a public or private youth center, youth recreation program, or youth organization; an administrator or employee of a public or private organization whose duties require direct contact and supervision of children, to report any suspicions of child abuse.

- During GONA youth are encouraged to participate in Cultural Storytelling and Talking Circles where a variety of feelings may arise.
- If at this time, sharing personal information that draws suspicions, mandated reporters are bound by law to act in the best interest of the youth.

### SECTION B– Definitions

*Consent:* Informed consent applies when an adult person has given permission to participate in a service, activity, or treatment.

*Assent:* is the opportunity for minors to also give their consent to participate.

*Mandated Reporters:* A mandated reporter is a person who, by virtue of his or her job, is legally required to report to authorities any suspected or confirmed abuse of children.

**The signed below give their consent and assent to participate at GONA 2017 while mandated reporting is in effect.**

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature Youth Participant

\_\_\_\_\_  
Date

Please contact FAIHP if you have further questions: 559-320-0490

## Parental Consent for Youth to Participate in Sweat Lodge Ceremonies

This permission acknowledge is to allow your child to participate in sweat lodge ceremonies at the 2016 Gathering of Native Americans (GONA). The sweat ceremonies are optional for youth participants, however, if the youth decides they wish to participate we want to ensure parents/guardians approve of this as well. Throughout the week we will offer sweats to youth, who will **choose** to participate or not participate. This will be an option for them; they will not be pressured to participate and they will be not be penalized if they choose not to participate. Youth will be given the option to step out of the sweat lodge between rounds if they need to. The ceremonies will be led by well-known community sweat leaders (both male and female) who have a lot of experience and cultural knowledge facilitating these ceremonies. If you would like more information about the individuals leading the sweat ceremonies we can provide this prior to the event.

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### Parental Consent for Youth to Participate in Sweats

- My child may participate in this activity.
- I do not want my child to participate in a sweat lodge ceremony.

Parent/Guardian print name	Signature of Parent/Guardian	Date

*\*Any additional special comments or requests regarding participation in the ceremony:*

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# 2017 GONA Packing List

*Please remove this list for your keeping*

It is necessary to bring all of the items listed below. *If you do not have any of these, please speak with one of your agency chaperones or FAIHP staff by July 17<sup>th</sup>.*

- |   |  |
|---|--|
| <input type="checkbox"/> 1 pair comfortable, sturdy walking shoes with good tread | <input type="checkbox"/> Toiletries ( <i>Basics: toothbrush, paste, feminine products, brush/comb, shampoo and conditioner, and soap</i> ) |
| <input type="checkbox"/> 1 pair sandals or flip flops, shower shoes               | <input type="checkbox"/> Deodorant   |
| <input type="checkbox"/> 4 pair socks   | <input type="checkbox"/> 2-4 towels  |
| <input type="checkbox"/> 3 pair shorts  | <input type="checkbox"/> 2 washcloths  |
| <input type="checkbox"/> 1 hat with brim (for sun)                                | <input type="checkbox"/> 1 water bottle  |
| <input type="checkbox"/> 1 sunscreen  | <input type="checkbox"/> 1 flashlight or headlamp  |
| <input type="checkbox"/> Bathing suit for pool                                    | <input type="checkbox"/> <b>Sleeping bag and pillow</b>  |
| <input type="checkbox"/> 4 pair underwear   | <input type="checkbox"/> <b>Personal Medications (allergy, asthma, etc.) items must be checked in with nurse</b>                           |
| <input type="checkbox"/> 3 short sleeve shirts (T-shirts)                         | <input type="checkbox"/> <b>Special Diet information</b>   |
| <input type="checkbox"/> 1 backpack   |  |
| <input type="checkbox"/> Chap Stick or lip balm                                   |  |

## OPTIONAL ITEMS:

Binoculars, camera (disposables are great), bug spray, journal, etc. If participating in sweat lodge ceremony an extra towel & clothing (gym shorts for boys, long skirt/modest shirt for ladies).

## PLEASE DO NOT BRING:

**ipods, cell phones, ipads, or other electric devices! No junk food or soda!**

Reminder: GONA will be July 24<sup>th</sup> – July 28<sup>th</sup> at Camp Sierra. Please contact Rachel Ramirez about completed registration for your youth and orientations happening in July (559) 803-6977 [rramirez@faihp.org](mailto:rramirez@faihp.org)

*Follow our social media to stay connected and up to date*



FAIHP GONA