


United American Indian Involvement, Inc. /FAIHP Registration Packet

27th Annual Robert Sundance Summer Camp 2017



"Different Clans, One Nation, Our Dream
Future Alcohol Free Generations"



Parents,

Thank you for your interest in the 2017 Robert Sundance Summer Camp. This year marks our 27th year as a program, and signals a major change in how we have operated in the past.

Last year, the Robert Sundance Summer Camp was accredited by the American Camping Association. This voluntary process allowed us to review every aspect of our camp to assure our families that we are providing a quality program that will meet the needs of all our campers, their family, and our American Indian community.

This year's camp site has moved from Big Pine to San Diego and we couldn't be more excited. Our new camp site offers us more opportunities at the camp site which will mean more time with our campers. The new camp is also closer than Big Pine and that will make it easier for parents to see our program in action, and visit with their children at camp.

We are also very excited about making new friends with the Kumeyaay people of San Diego, and learning more about the American Indian communities of Southern California. This year, we will again be working with the Fresno American Indian Health Project and starting a new partnership with the San Diego American Indian Health Center.

It is an honor and a privilege to work with all our young campers, our staff, and camp guests. I look forward to meeting every camper, and to making lifelong friendships and memories.

Respectfully,

*Ramon Enriquez
Robert Sundance Summer Camp
Camp Director*





Camp Mission

The mission of the Robert Sundance Summer Camp (RSSC) is to provide an outdoor experience that enhances the growth and well-being of American Indian youth, in a manner that is respectful to cultural values and focuses on personal development and education.

Benefits of camp

The opportunity to attend a free, residential camp that is culturally-based, is a unique experience for our American Indian families in Los Angeles. For many youth, camp is their first time outside of an urban environment, and many have commented that the opportunity to explore the great outdoors has encouraged them to think more broadly about their health and how to care for their environment. For some youth, it has triggered a conversation with their parents or community elders about their identity as American Indian youth. Additionally, more and more studies are showing the mental health benefits of outdoor adventure.

However, the primary benefit for summer camp, deals with the health and wellness of our campers. The camp has on staff youth development specialists, medical and mental health professionals, and an experienced staff that has worked with children for many years. The required health examination within the registration process is intended to ensure that our youth receive at least 1 health examination every year. During the examination we can offer information on various health topics, screen for issues that may stunt learning like vision issues that can hamper individual achievement, and prepare a treatment plan for any health issues uncovered.

2017 Camp Logo

The logo of our camp program changes every year and reflects the rich traditions and history of our program. Every year, a new piece is added to reflect a special moment from the previous year. For the 2017 logo we added an object streaking across the sky. This reflects the once-in-a-lifetime experience that happened on July 27th at 9:40pm during our first camp last year. During our night astronomy workshop, we had just concluded sharing traditional stories used to explain the night sky, when on que a large fireball slowly raced across the sky directly overhead. The event lit up the Owens Valley in a shower of light and was captured on national media and the young campers.





AUTHORIZATION OF CONSENT FOR TREATMENT OF A MINOR: THE FOLLOWING MUST BE COMPLETED

I, the undersigned, parent/guardian of _____, a minor, do hereby authorize the staff of Camp Oliver, as agent(s) for the undersigned, to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment, emergency medical services and hospital care which is to be rendered under the general or special supervision of any physician or surgeon licensed under the provisions of the California Medicine Practice Act on the medical staff of a licensed hospital, whether such examination, diagnosis or treatment is rendered at the office of said physician or at such a hospital. It is understood that this authorization is given in advance of any specific examination, diagnosis, treatment or hospital care being required, and is given to provide authority and power on the part of our above-named agent(s) to give specific consent to any and all such examinations, diagnoses, treatments or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. This authorization is give pursuant to the provisions of Section 25.8 of the Civil Code of California. This authorization shall remain effective until Camp Oliver receives written notification from the parent/guardian canceling this consent form. I have included my child's medical insurance information above.

I give permission to Camp Oliver and/or staff to provide my child with routine health care including providing over the counter medication that have been approved on the Health History form or Health Care Provider prescribed medications. I agree that in the event that my child needs any medical treatments from any other source other than that provided or approved by the Camp Director, I will accept full and complete responsibility. I understand that there is always a staff member trained in First Aid and CPR with the campers, and that a Health Supervisor is part of the camp staff. 911 ambulance services are available.

I understand that the nearest hospital is Sharp Grossmont in La Mesa. In case of an illness during camp, campers will be housed in our Health Center for a short period unless the illness is contagious where the child must be picked up from camp.

I understand that Camp Oliver will call me if any accidents more severe than a scratch or bruise occur or if my child comes down with a serious illness. If Camp Oliver cannot reach me they will call my emergency contact listed on this Health History Form. Parents/Guardians will be called for any issues of concern regarding their child.

I have provided a copy of my child's most recent vaccination record.

Parent/Guardian Signature

Date

CAMP OLIVER ACTIVITES DISCLOSER AND PARENT'S/GUARDIAN'S AUTHORIZATION

I, the undersigned parent/guardian of the above named minor, hereby give permission to participate in activities at Camp Oliver including Low Ropes Course, archery, hiking, swimming and games. I state that I understand that my child will have the opportunity to participate in these activities that include running, hiking over rugged terrain and being in a swimming pool, however the minor may be restricted to certain areas of the swimming pool depending on results of a swim test that each child receives before being allowed to have swim time. Participation in activities is entirely voluntary at all times. Safety measures have been designed into the program (trained staff, safety equipment and strict safety standards) to safeguard all participants against possible injury. As with any program of this type, there is a risk, which must be assumed by each participant.

I will not hold or attempt to hold Camp Oliver, the Sisters of Social Service, the Camp Oliver Board of Directors or its employees liable for any loss, damage, or injury to person or property caused by any act or neglect of other persons, or caused in any manner other than the willful or negligent act of Camp Oliver and will indemnify and hold Camp Oliver harmless from any liability for damages or claims against Camp Oliver arising out of or in any way related to any such loss, damage or injury. I release Camp Oliver, the Sisters of Social Service, the Camp Oliver Board of Directors and its employees from me or my child's physical injury, including death, or illness while at the activity. I will assume the risk associated therewith, whether known or unknown to me at this time. This release is also intended to include all claims of my family, estate, heirs, personal representatives or assigns.

Signature of Parent/Guardian: _____ Date: _____



RECOMMENDED ITEMS TO BRINGS

PLEASE LABEL ALL ITEMS. This includes clothing, towels, sleeping bags, blankets, etc. We are not responsible for lost or stolen items. **Bring only what you need as space will be limited.**

TOILETRIES

- Bath soap, shampoo, hair conditioner
- Toothbrush, toothpaste, dental floss
- Comb/ hairbrush
- 1 bath towel for bathing, 1 bath towel for swimming
- Washcloths
- Hair ties

CLOTHING

- Underwear and socks (for every day)
- Light Jacket or sweatshirt or sweater
- Baseball cap or sun visor
- Tennis shoes (for sports) and sandals (optional) and hiking boots (optional)
- Pants and shorts (for hot outdoor activities)
- Swimming suit

OTHER

- Sleeping bag or blankets
- Small pillow (optional)
- Flashlight
- Sunscreen and Lip balm
- Insect repellent
- Car or booster seat

OPTIONAL

- Watch
- Camera
- Backpack or small bag for pool gear and hiking
- Water bottle



❖ *We ask all parents to select clothing that is comfortable and offers a degree of protection for outdoor activities. Please do not bring any items with profanity or inappropriate suggestive graphics or wording. Shorts should be an appropriate length to protect the camper's legs. Crop, tube, or spaghetti strap tops are prohibited.*



CAMP INFORMATION SHEET

- What:** Situated in Southern San Diego County, the annual Robert Sundance Summer Camps engage youth in recreational, cultural, and educational activities over the course of one week. Camp activities include various cultural and educational workshops, field trips, fishing, hiking, swimming, outdoor recreation and organized sports.
- Who:** American Indian Youth (ages 5-12), living in Fresno County and registered with the Fresno American Indian Health Project, and the Fresno American Indian Clubhouse.
- When:** Camp I July 31 (Monday morning) through August 5 (Saturday morning)
Camp II August 7 (Monday morning) through August 12 (Saturday morning)
- Where:** Campsite is located at Camp Oliver, 8761 Riverside Drive, Descanso CA 91916
- How:** If you need to contact us at camp, please contact:
Camp I FAIHP Director of Youth Services, Rachel Ramirez at (559) 930-8497
UAI Camp Director, Ramon Enriquez at (213) 305-3245
Camp II FAIHP Public Health Nurse, Nancy Pierce at (559) 906-0482
FAIHP Youth Coordinator, Rachele Areyan at (559) 476-6379
UAI Camp Director, Ramon Enriquez at (213) 305-3245
- More Info:** Contact the Fresno American Indian Health Project at 1551 E. Shaw Ave. Ste. 139, Fresno, CA Phone (559) 320-0490, or email us at rramirez@faihp.org
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REGISTRATION PROCESS

- ELIGIBILITY:** Register or update contact information with the Fresno American Indian Clubhouse AND register or update FAIHP Client Registration Packet
- REGISTRATION:** Fill-out this Camp registration packet and return it to the Fresno American Indian Health Project.
- ORIENTATION:** Campers and parents must attend one of the **MANDATORY** orientations prior to camp.
Tuesday, June 27th 5:30 p.m. – 6:30 p.m. OR Wednesday, July 5th 5:30 p.m. – 6:30 p.m.
- HEALTH EXAM:** Each camper must get a Health Examination - either at the Fresno American Indian Health Project with Public Health Nurse, or through their primary care provider. Contact the FAIHP Public Health Nurse to set an appointment at FAIHP by calling (559) 320-0490. No health examination will be done the morning of camp.
- CONFIRMATION:** Turn in all camp paperwork by July 14, 2017

❖❖ *Camp fills up quick, and seats for camp cannot be guaranteed until all paperwork is completed and turned in. Applications received after camp has filled, will be put on a wait list.*

➤ Please have your youth at the FAIHP by 8:00am on Monday for camper check-in. Parents must be present until all the camper's baggage is checked and their health screening is completed. Once fully processed, parents may elect to leave.

➤ Please plan to pick-up your camper at FAIHP at approximately 1:00pm on their return date.





CAMPER REGISTRATION

Please select one (these are not guaranteed):

Camp 1 (July 31 - August 5) Camp 2 (August 7 - August 12) No Preference

Camper Name _____ Age _____ DOB _____

Address _____

Phone () _____ Social Security # _____

Medi-Cal or Other Insurance # _____

Tribe/Nation(s) _____

T-shirt size _____ Height _____ Weight _____

Emergency Contact

1st person to contact: _____ Phone () _____

2nd person to contact: _____ Phone () _____

_____ has my permission to participate in the Robert Sundance
(print camper name here)

Summer Camp, hosted by United American Indian Involvement, Inc., and participate in activities like horseback riding, biking, hiking, swimming, general sports, archery, dance, rock wall climbing, zip line, wood craft, and arts & crafts offered at camp, unless otherwise specified.

Camp Rules

Parents/Guardians and youth, please review the following rules and sign below for acceptance of these rules for the period of the camp. We will check all bags prior to departure for disallowed items. Any youth who violates these rules or exhibits negative behavior will not be allowed to participate in camp activities and may be expelled from camp.

- No smoking or chewing tobacco at any time, and no Drugs or Alcohol - other than medications prescribed by your doctor. Violation of this rule will result in your being asked to leave immediately. All medication must be checked in with the health staff the morning of departure.
- No Junk Food: Please do not let campers bring snack food with them. We will supply campers with 3 meals a day, plus snacks. Snacks in the cabins attract ants and bugs.
- No tablets, ipods, MP3 players, Gameboys, etc: We want youth to be free from distractions and encourage interaction with other youth and staff. Any electronic gear will be confiscated and returned at the end of camp.
- Mobile phones may be brought by teens, but they are required to follow the camp's social media policy and can only use their phones during free time. **The camp is not responsible for damage or loss.**
- Personal Conduct: We ask that you involve yourself 100% in the camp experience. Be willing to try new things and have a good attitude. Please respect other participant's personal property and all camp staff.

Signature of Camper

Signature of Parent/Guardian

Date





PERMISSION TO TREAT

I hereby give permission to the medical personnel selected by the camp director to provide routine health care; to administer medications; to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for my child.

Name of Youth

Date

Name of Parent/Guardian

Signature of Parent/Guardian

Permission to Administer Over-the-Counter Medications

I (parent) hereby give permission to medical personnel selected by the camp director to administer the following over-the-counter medications if it is deemed necessary. Dosages will be administered according to directions on the bottle unless a physician directs otherwise.

- | | |
|------------------|-----------------------------|
| Headache | Tylenol® |
| Upset Stomach | Pepto Bismol® |
| Diarrhea | Immodium AD® |
| Menstrual Cramps | Ibuprophen® |
| Poison Ivy | Calamine Lotion or CortAid® |

Name of Parent/Guardian

Signature of Parent/Guardian

Parental Notification of Medical Emergencies or Treatment

Parents will be contacted by camp personnel in the event that medical treatment is needed. This may include a medical treatment for routine cuts, bumps, or illness, and for more serious emergencies that may require an evaluation at a medical facility. For any injury to the spine or head, it is the camp's policy to have all campers be evaluated at the local hospital. For trips to the Emergency Room, parents will be contacted by camp staff before admittance, and following discharge to update parents on the child's condition and any follow up treatment or medication prescribed.





HEALTH HISTORY

Please complete the following information and provide a copy of an **updated** immunization record and your family's health/hospitalization insurance (Medi-Cal cards/Medical Health insurance cards.)

Camper Name _____ Age _____ M/F _____ Birthdate _____

Primary Doctor _____ Phone # _____

Printed name of Parent/Guardian _____

Home Address _____ City _____ State _____ Zip _____

Phone _____ Emergency Contact _____

Allergies: No known allergies. This camper is allergic to: Food Medicine The environment (insect stings, hay fever, etc.) Other
(Please describe below what the camper is allergic to and the reaction seen.)

Diet, Nutrition: This camper eats a regular diet. This camper eats a regular vegetarian diet. This camper is lactose intolerant. This camper is gluten intolerant.
 Other, *please explain in space*

Has/does the camper:	YES	NO	Has/does the camper:	YES	NO
Have recurrent/chronic illnesses?	_____	_____	Had fainting or dizziness?	_____	_____
Had a recent infectious illness/disease?	_____	_____	Passed out/had chest pain during exercise?	_____	_____
Ever been hospitalized?	_____	_____	Had mononucleosis ("mono") in past 12 months?	_____	_____
Ever had surgery?	_____	_____	Have problems with periods/menstruation?	_____	_____
Had a recent injury?	_____	_____	Have problems with falling asleep/sleepwalking?	_____	_____
Had asthma, wheezing, shortness of breath?	_____	_____	Ever had back/joint problems?	_____	_____
Have diabetes?	_____	_____	Have a history of bedwetting?	_____	_____
Had seizures?	_____	_____	Have problems with diarrhea/constipation?	_____	_____
Have headaches?	_____	_____	Have any skin problems?	_____	_____
Wear glasses, contacts, or protective eyewear?	_____	_____	Traveled outside the country in the past 9 months?	_____	_____
Broken bones (fractures)?	_____	_____	Concussion or unconsciousness?	_____	_____
Problems with heart or blood pressure?	_____	_____	Heat exhaustion or stroke?	_____	_____
Experience motion sickness?	_____	_____	Tetanus booster date	_____	_____

Mental, Emotional, and Social Health:

	YES	NO
Has the camper ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (ADHD)?	_____	_____
Ever been treated for emotional or behavioral difficulties or an eating disorder?	_____	_____
During the past 12 months, seen a professional to address mental/emotional health concerns?	_____	_____
Had a significant life event that continues to affect the camper's life? (history of abuse, death of loved one, family change, adoption, foster care, new sibling, survived a disaster, others)	_____	_____

Concerning this camper:

	YES	NO
Do you want to talk to a doctor about a health problem or injury?	_____	_____
Do you wish to discuss an emotional problem with the doctor?	_____	_____
Have you ever been told to give up sports because of a health problem?	_____	_____
Mental or psychological conditions requiring medication, treatment, or special restrictions or considerations while at camp?	_____	_____

Note: Registration of youth on "special medication" may be limited due to camp medical staff scope of practice.

Use this space to explain any of the above YES answers or provide additional information:





AUTHORIZATION FOR HEALTH SCREENING

For the health and well-being of your child and all those who attend the Summer Camp, a brief health screening is required the morning your child leaves for Summer Camp. All youth will need to be screened by a health care professional at UAII. We are asking for the full cooperation and permission of the parents/guardians in order to conduct the health screen to ensure that all youth leaving for camp are in good health.

First Name **Middle Name** **Last Name**

Age **Race/Tribe** **Sex: Male or Female**

Parent or Guardian’s Permission & Release

The health screen prior to attending Summer Camp includes a review of the full health examination and a brief health screening, review of current medications, head lice inspection, and a check of immunization status. Following the health screen, you will be notified if your child is unable to fully participate in Summer Camp or of any limitations we feel would be appropriate due to your child’s health.

I (parent/guardian of the child named above) give full permission for my child to receive a health screen administered by UAII on the morning of camp.

Printed Name of Parent / Guardian Signature of Parent / Guardian

Address City State Zip Code

Phone Number





RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

Participant's name: _____ **Age:** _____

In consideration of being allowed to participate in activities at the UNITED AMERICAN INDIAN INVOLVEMENT's ROBERT SUNDANCE SUMMER CAMP, I AGREE TO RELEASE FROM ANY LEGAL LIABILITY AND AGREE NOT TO SUE UNITED AMERICAN INDIAN INVOLVEMENT, INC, its owners, officers, directors, members, agents, employees and volunteers for any and all injuries and/or death caused by or resulting from my participation in activities sponsored by UNITED AMERICAN INDIAN INVOLVEMENT whatsoever, whether or not such injury or death was caused by alleged negligence of the parties released. Such activities may include but are not limited to: playing sports, hiking, swimming, horseback riding, rock climbing, and bike riding including transportation to and from any and all activities and/or activity sites. I make this release on behalf of myself, my estate, my heirs, executors, or assigns for any claims or causes of action that I, may have for personal injury, property damage, or wrongful death.

By executing this document I agree to hold the parties released harmless and indemnify them in conjunction with any injury or loss of life or property that may occur as a result of engaging in the activities acknowledged above. I AM AWARE THAT THIS CONTRACT IS LEGALLY BINDING AND THAT I AM RELEASING MY LEGAL RIGHTS BY SIGNING IT.

I hereby declare that I am of legal age and am competent to sign this Agreement or, if not, that my parent or legal guardian shall sign on my behalf and that my parent or legal guardian is in complete understanding and concurs with this Agreement.

Participant's Signature: _____ **Date:** _____

This is to certify that, as parent/guardian of the participant identified above; I do consent to his/her agreement to be bound by each of the terms and conditions identified above.

Parent(s) / Guardian(s) Signatures:

_____ **Date:** _____

_____ **Date:** _____

Phone # () _____

