

United American Indian Involvement, Inc.

Registration Packet



28th Annual Robert Sundance Summer Camp 2018



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

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.

2018 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 2018 logo we added a new sign at the bottom of the artwork to reflect the new direction our camp undertook in 2017 – moving from Big Pine in the Eastern Sierras to Descanso in San Diego County.



Visiting the Sycuan Cultural Center

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 if needed

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 Los Angeles County and registered with United American Indian Involvement, and the American Indian Clubhouse. Some slots are reserved for teens (13-17) to participate in our Counselors in Training Program.
- When:** Camp I June 18 (Monday morning) through June 23 (Saturday morning)
Camp II August 6 (Monday morning) through August 11 (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 Director, Ramon Enriquez at (213) 305-3245, or by email at: renriquez@uaii.org.
FAIHP Director of Youth services, Rachel Ramirez at (559) 930-8497
- 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

1. **ELIGIBILITY:** Register or update contact information with the Fresno American Indian Clubhouse AND register or update FAIHP Client Registration Packet
 2. **REGISTRATION:** Fill-out this Camp registration packet and return it to the Fresno American Indian Health Project.
 3. **ORIENTATION:** Parents are encouraged to attend the Camp Orientation to schedule health exams with the nurse and to have their questions answered regarding camp on **Monday, May 14, from 5 – 6 p.m** at Clubhouse (1551 E. Shaw Ave. Ste. 121)
 4. **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. Physical Examinations may be completed up to 90 days prior to camp. No health examination will be done the morning of camp.
 5. **CONFIRMATION:** Turn in all camp paperwork by **June 4, 2018**
❖❖ Camp fills up quick, and seats for camp can not be guaranteed until all paperwork is completed and turned in. Applications received after camp has filled, will be put on a wait list.
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➤ 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:

☐ Camp 1 (June 18 – June 23) ☐ Camp 2 (August 6 – August 11) ☐ No Preference

Camper Name _____ Age _____ DOB _____

Address _____

Phone () _____ Email Address _____

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.

- Prescribed 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®	Decongestant
Upset Stomach	Pepto Bismol®	Kaopectate®
Diarrhea	Immodium AD®	Cough syrup/drops
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.

CAMPER MEDICATION

Child's medication will be administered as prescribed. All medication must be in original packaging/bottle with label stating Physician's name and the child's name. Any over the counter medication must be in original packaging and not expired.

Medication	Dosage	When	Purpose





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: <input type="checkbox"/> No known allergies. <input type="checkbox"/> This camper is allergic to: <input type="radio"/> Food <input type="radio"/> Medicine <input type="radio"/> The environment (insect stings, hay fever, etc.) <input type="radio"/> Other (Please describe below what the camper is allergic to and the reaction seen.)
Diet, Nutrition: <input type="checkbox"/> This camper eats a regular diet. <input type="checkbox"/> This camper eats a regular vegetarian diet. <input type="checkbox"/> This camper is lactose intolerant. <input type="checkbox"/> This camper is gluten intolerant. <input type="checkbox"/> 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?			_____	_____	
Does your children require an EPI-Pen for allergies?			_____	_____	

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:





DOCTOR RELEASE

Dear Doctor,

The child that you are seeing for a health screen has applied to attend our youth Summer Camp. United American Indian Involvement, Inc. utilizes Summer Camp to provide health screens and assure that there are no existing health concerns that would limit the youth's participation and/or to coordinate access to necessary care, if so determined. The PHN (Public Health Nursing) Staff for UAII conduct a health assessment similar to a school physical. The assessment also includes an eye exam to see if they need further evaluation for glasses and if the BMI calculation comes out to be greater than 24, we conduct a random blood glucose with a finger stick or if there is family history of diabetes, a hemoglobin A1C also with a finger stick to determine possible follow up for diabetes. Also included in the assessment is a head lice screening.

The Summer Camp will be held in San Diego, CA, where there will be physical activities including hiking, swimming, and climbing. We are asking for your verification of "no limitations" and release to participate in camp activities.

Patient Name _____ Today's Date _____ Male _____ Female _____

Age _____ Date of Birth _____ Height _____ Weight _____ Blood Pressure _____

Primary Doctor _____ Phone # _____ Address _____

The patient is taking the following medication(s): _____

The patient has partial health limitations and **may** participate in the following activities:

_____ Dancing	_____ Bicycling/Mountain Biking	_____ Running	_____ Softball
_____ Archery	_____ Hiking	_____ Volleyball	_____ Swimming
_____ Baseball	_____ Horseback Riding	_____ Climbing	_____ Basketball

☐ Immunizations are up to date, tetanus booster date: _____

☐ If camper has **NOT** been fully immunized, "I understand and accept the risks to my child from not being fully immunized."

_____ **This individual has NO SPECIAL MEDICAL RESTRICTIONS**

Special restrictions, recommendations and/or comments (attached additional information if needed): _____

I have read through this camper's Health History Form and have discussed the camp program with the camper's parents/guardians.

Doctor's Name (print)

Doctor's Signature

Date





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 FAIHP. 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
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Age	Race/Tribe	Sex:	Male	or	Female
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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 FAIHP on the morning of camp.

Printed Name of Parent / Guardian	Signature of Parent / Guardian
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Address	City	State	Zip Code
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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. AND CAMP OLIVER, 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, archery, ropes course, 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 # () _____

