



FAIHP

Fresno American Indian Health Project



2018 Youth GONA Registration Form

July 23rd-27th, 2018

Please submit completed registration forms to

Fresno American Indian Health Project

Fax: (559) 320-0494

Email: rgarcia@faihp.org

Ages 13-17

Space is Limited

Registration Due:

6/20/2018

Mandatory Parent/Youth Orientation:

7/13/2018, 5 p.m. at Fresno American

Indian Health Project

Youth Name: _____ Tribe(s): _____
 Age: _____ Gender: _____ T-Shirt Size: Adult S – 4XL _____
 Address: _____ City, State, Zip _____
 Parent / Legal Guardian Name: _____
 Phone # _____ Email _____
 Referred by: Name: _____ Agency: _____

Special Needs

Any behaviors FAIHP staff need to know? No Yes _____
 Food allergies? No Yes _____
 Any allergies to medication? No Yes _____
 Any dietary or health restrictions? No Yes _____
 Currently taking any medications? No Yes _____
 Name of medication(s): _____
 Dosage: _____
 Times to administer: _____
 Primary Doctor/Health Care provider: _____

Permission to Participate

I, _____, the parent, or legal guardian of _____, give 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 2018 GONA. The following rules of conduct apply to all youth and adults participating in the 2018 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.
- ❖ Articles of clothing which display gang symbols, profanity or products or slogans which promote tobacco, alcohol, drugs or sex; materially interfere with youth work; create disorder or disrupt the camp process are not allowed.
- ❖ Extreme fashion that draws undue attention to the student will not be allowed. This includes distracting clothing, and distracting make-up, etc.
- ❖ 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**
- ❖ **FAIHP staff and volunteers will conduct bag checks on the first day of GONA. Any prohibited items found will be provided to parents/guardians. If found during GONA, items will be confiscated and parents/guardians will be contacted.**

Youth Participant Signature

Parent/Legal 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
 And Tribal Identification

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

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 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.

My child is currently in foster care

Signature of Parent/Legal Guardian

Date

Signature Youth Participant

Date

PREVENTION SERVICES AND EVALUATION

Fresno American Indian Health Project collects and uses information for services to youth and the larger community. You can retain these for your records. If you choose to not consent to the use of data for prevention services, your youth may still attend the GONA and other services currently being provided from the Fresno American Indian Health Project. There will not be any repercussions if you choose to not consent. More detailed information and opportunity to consent will be provided at the Mandatory Orientation on 7/13/2018.

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

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 2017 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.

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.

Signature of Parent/Legal Guardian

Date

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

Fresno American Indian Health Project

GONA 2018 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 2018 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

2018 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 7/13/2018.*

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

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:

**Junk food, cell phones, ipods, or other electronic devices.
These items will be removed from youth for the duration of camp.**

Reminder: GONA will be July 23rd-27th at Camp Sierra 52050 Huntington Lake Rd, Big Creek, CA 93605

Follow our social media to stay connected and up to date



FAIHP GONA