

Gathering of Native American Youth 2018

July 19th – 21st, 2018

Jackson Rancheria Hotel

Please submit completed registration forms to:

Valentin Sierra

Sacramento Native American Health Center

Fax: (916) 498-9040

Email: Valentin.Sierra@snahc.org

Ages 12-21

Space is Limited to 30 Youth

Registration Due

May 31st, 2018

Mandatory

Orientation Dates:

June 21, 2018 6 – 8pm

Name: _____ Age: _____ Gender: _____

School Currently Attending: _____

Tribal Affiliation: _____ T-Shirt Size: ☐Adult /☐Child _____

Participant Email: _____

Legal Guardian Name: _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Legal Guardian Email: _____

Accommodations

Do you have any food allergies or dietary restrictions? ☐No / ☐Yes: _____

Do you have any allergies to medication? ☐No / ☐Yes: _____

Do you have any health restrictions? ☐No / ☐Yes: _____

Are you currently taking any medications? ☐No / ☐Yes: _____

Name of medication(s): _____

Dosage: _____

Times to administer: _____

Assistance in administering: _____

Any additional accommodations?: _____

Room Preferences

Please list who you would like to share a room with: _____

Please list any siblings or relatives who will also be attending: _____

** Application submission does not guarantee acceptance into the program.
A SNAHC staff member will contact you with more information.*

For Office Use Only:

Date received: _____

Date screened: _____

By: _____

ACCIDENT WAIVER AND RELEASE OF LIABILITY

Participant Last Name: _____ Participant First Name: _____

Street Address: _____ City: _____ Zip Code: _____

Participant Email: _____ Participant Phone #: _____

Tribal Affiliation: _____

Emergency Contact Name: _____

Relationship: _____ Phone #: _____

In consideration of being allowed to participate in any way in the above referenced event, I, the undersigned, acknowledge and agree that:

1. Physical exercise, sport, wellness, and recreational activities may cause injury. I understand that there is an inherent risk of injury when choosing to participate in any physical exercise, sport, and/or recreational activities. My participation is a voluntary activity in all respects. I assume all risks of injury and illness that may result from participation in any group activities or individual activities such as skating. I acknowledge that this activity has the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, lack of hydration, and actions of other people including, but not limited to, participants, volunteers, monitors, sponsors and/or producers of the activity.

2. I understand that it is my responsibility to consult a physician before I undertake any physical activity such as participating in the above reference event. I certify that I am in good health and sufficient physical condition to properly participate in the above referenced event. I am knowledgeable about the proper use of any equipment and/or facility that I will use and the rules of any activities that I will participate in.

3. I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

A. I HEREBY FULLY WAIVE, RELEASE, AND DISCHARGE the Sacramento Native American Health Center, Inc. (SNAHC), its Directors, officers, employees, volunteers, sponsors and agents, and those whose facilities are being used for the above referenced event and/or related activities (collectively, the "Released Parties"), from any and all liability, claims, and causes of action from damage to or loss of personal property, illness or injury from whatever source, legal entanglements, imprisonment, death, or loss of money, other damages or loss which I may have or which may accrue to me based on my participation including but not limited to, liability arising from the negligence or fault of the entities or persons released herein, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this event and/or related activities.

B. I FURTHER AGREE TO INDEMNIFY, HOLD HARMLESS, PROMISE NOT TO SUE AND DEFEND THE RELEASED PARTIES from any and all liabilities or claims resulting from injuries or illness (including death), damages, or loss, including, but not limited to attorneys' fees, sustained by me arising out of, connected with, or in any way associated with my participation in

the above referenced event and/or related activities, whether caused by the negligence or otherwise.

4. I understand that SNAHC does not provide medical coverage for me. I acknowledge and verify that I will be responsible for any medical costs I incur as a result of my participation. In the event of any emergency, I authorize the Released Parties to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my immediate care. I agree to be responsible for payment of any and all medical services rendered.

5. I understand that I am responsible for any incidental charges or fees procured at my own discretion while staying at the programming site and participating in this activity. I understand and acknowledge that I am additionally responsible for all fees associated with any property damage done to the programming site or provided lodging.

6. This Accident Waiver and Release of Liability form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, INCLUDING THE PERMISSION TO SECURE MEDICAL TREATMENT AND THE RELEASE OF ALL CLAIMS. I UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT. I SIGN IT OF MY OWN FREE WILL. THIS DOCUMENT IS BINDING UPON ME AND MY HEIRS, CHILDREN, AND ANYONE ENTITLED TO ACT ON MY BEHALF.

Participant Signature

Date

IF UNDER 18 YEARS OF AGE – SIGNATURE OF PARENT OR LEGAL GUARDIAN (Required)

I, the undersigned, _____, hereby certify, and represent that I am the legal parent or guardian of the minor participant _____. As the parent or legal guardian of the Participant, and that after fully informing myself regarding the nature and risks of the above referenced event, I give permission for my child to participate in the above referenced event and/or related activities. As a condition for my child to participate in the above referenced event, I fully ratify, accept and agree to all of the terms of the above Accident Waiver and Release of Liability for my child, myself individually and as the legal parent or guardian of the Participant.

Legal Guardian Signature

Date

Relationship to Minor Participant

BEHAVIORAL EXPECTATIONS

The Sacramento Native American Health Center and partnering agencies respectfully request all attendees abide by the Code of Conduct as a condition of their participation in the 2018 Youth GONA. The following rules of conduct apply to all youth participants and adult chaperones participating in the 2018 Youth GONA.

Please read to ensure everyone has a fun and safe time at GONA

- ❖ All participants will show respect and conduct themselves in an honorable manner in the presence of GONA facilitators, workshops presenters, SNAHC and Jackson Rancheria Hotel Staff and to anyone else who enters the GONA Grounds.
- ❖ All participants shall agree to abide by all GONA norms and rules conveyed by the GONA facilitators, workshops presenters, and SNAHC and Jackson Rancheria Hotel Staff including the following:
 - No fighting, arguing, or dangerous horseplay, which might injure another person, will be allowed.
 - No profane language on the GONA Grounds.
 - No bullying or harassment.
 - Follow established guidelines for hotel's "Quiet Time - Lights Out" policy after 10pm.
- ❖ All participants will be expected to attend and participate in all scheduled workshops, events and volunteer duties, unless they are excused for the following reasons: Illness, restriction due to limited physical or medical reasons, or religious beliefs.
- ❖ All participants 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.

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

- ❖ Alcohol, marijuana or any other kind of illegal, non-prescribed drugs.
- ❖ Weapons of any kind
- ❖ Gang attire and colors, or any clothing considered distasteful or restrictive.

Youth Participant Signature

Legal Guardian Signature
(if under 18 years old)

Parents/Legal Guardians are responsible for the transportation of their youth back home, if for any reason there is an infringement of the Code of Conduct. Parents/Legal Guardians will be required to take the appropriate actions.

THIRD PARTY CONSENT FOR MEDICAL SERVICES FORM

Please attach copy of Insurance Card ☐

Guardian's Authorization for Consent to Medical Treatment or Intervention of Minor Child

I, _____ the parent, or legal guardian of _____
(Legal Guardian's Name) (Youth's name)

Age: _____ Date of Birth: _____

Authorize the adult representative of **Sacramento Native American Health Center** 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.

Medical Insurance Information

Medical Insurer: _____

Policy Number: _____

Primary Doctor's Name: _____

Phone #: _____

Hospital Information

Name: _____

Address: _____

Phone #: _____

Legal Guardian Signature

Date

PERMISSION TO PHOTOGRAPH, VIDEO & PUBLICIZE

Please leave blank if permission is not given

Subject: Gathering of Native American Youth 2018

Event Location: Jackson Rancheria Hotel, July 19th – 21st, 2018

I grant to SNAHC, its representatives and employees, the right to take photographs of me and my property in connection with the above identified subject. I authorize SNAHC, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that SNAHC may use such photographs of me with or without my name and for any lawful purpose, including for purposes such as publicity, illustration, advertising, web content, and fundraising.

I have read and understand the above:

Signature: _____

Printed Name: _____

Organization Name (*if applicable*) _____

Address: _____

Email: _____ Date: _____

Signature, parent or legal guardian (*if under age 18*): _____

For Sacramento Native American Health Center's use:

Received by (SNAHC employee): Valentin Sierra

Date: _____

Issuing department- retain original. Forward one copy to the Development office.

EMERGENCY CONTACT INFORMATION

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

Legal Guardian: _____ 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.

Will one of the above contacts be responsible for transporting the youth participant to the designated drop-off and pick-up location at SNAHC?

☐ Yes, please specify who: _____

☐ No, please provide contact information:

Name: _____ Relationship to youth: _____

Home Phone: _____ Work/Message phone: _____

Are you requesting alternative transportation arrangements?

☐ No

☐ Yes, please explain: _____

Legal Guardian Signature

Date

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 in the following three areas:
 - If a youth expresses intent to harm themselves
 - If a youth expresses intent to harm others
 - If a youth expresses harm has previously been done to them by another person

SECTION B – Policies and Procedures

Duty to Warn and Duty to Protect: When a patient, or in this case, a Youth, discloses intent, plan, and means to harm self or others or others property as required by California [Evid] Code § 1010-1027 Therapists Privilege, Cal. [Civil] Code § 43.92 Amended in 2012. SNAHC will utilize a licensed Behavioral Health staff to administer a Risk Assessment, if it is determined the risk is “Severe with Action,” then 911 will be called for immediate response. If the assessment is “Severe with not Action, Medium or Low Risk,” the Behavioral Health Therapist will provide a recommendation that the student and family follow-up with their own primary care provider or provide a referral to a Behavioral Health team member.

The signed below give their consent and assent to participate at GONA 2018 while mandated reporting is in effect.

Signature of Legal Guardian

Date

Signature Youth Participant

Date

Please contact SNAHC if you have further questions: (916) 341-0576 x3023

2018 GONA Packing List

Please keep this list for your reference

It is necessary to bring all of the items listed below. *If you do not have any of these, please contact SNAHC staff by July 1st.*

- ___ 1 Pair - comfortable, sturdy walking shoes with good tread
- ___ 1 Pair - sandals or flip flops
- ___ 3 Pair - socks
- ___ 3 Pair - underwear
- ___ 3 Pair - shorts or pants
- ___ 3 Short sleeve shirts (T-shirts)
- ___ 1 Bathing suit for pool
- ___ 1 Backpack
- ___ 1 Refillable water bottle
- ___ 1 Sunscreen SPF 30+ *as needed*
- ___ 1 Chap Stick or lip balm
- ___ Toiletries (Basics: toothbrush, toothpaste, feminine products, brush/comb, shampoo & conditioner, and soap)
- ___ Deodorant
- ___ **Personal Medications (allergy, asthma, etc.) *items must be checked in with staff***

OPTIONAL ITEMS:

Camera, journal, etc.

PLEASE DO NOT BRING:

iPods, iPads, computers or other electric devices! Please no junk food or soda!

Reminder: GONA will be July 19th – July 21st at Jackson Rancheria Hotel. Please contact Valentin Sierra about completed registration forms and the necessary participant orientation for your youth.

For questions, please contact Val by phone at (916) 341-0576 x3023
or by email at Valentin.Sierra@snahc.org