



TRADITIONAL TEACHINGS CAMP

At the Indian Pueblo Cultural Center

Registration Packet

Monday – Friday
June 17 - June 28, 2019
9am – 4pm

Thank you for your interest in our Traditional Teachings Camp! Here's some information to review as you register your camper:

- This session is specifically for children ages 6 – 12 years old.
 - Classroom 1: Children 6 – 8 years old | Classroom 2: Children 9 – 12 years old
- The camp fee is \$250 and includes materials for 1 child.
 - Scholarship applications are available online at www.indianpueblo.org.
- Registration packets are available online at www.indianpueblo.org. Please return to Stephanie Oyenque Cultural Education Specialist.

Please take note of these important dates:

- **Saturday, May 25:** DEADLINE for scholarship applications
- **Saturday, June 1:** DEADLINE for registration.
- **Monday, May 27:** Scholarship recipients will be notified.
- **Monday, June 17:** First Day of Camp!

Submit your completed registration packets and fees in-person to:

Stephanie Oyenque Cultural Education Specialist
learn@indianpueblo.org | 505-724-3535
Indian Pueblo Cultural Center
2401 12th St NW Albuquerque, NM 87104

Registration Information

Registration is not considered complete unless all information is filled out and signed on the last page.

Please note that the Indian Pueblo Cultural Center Traditional Teachings Camp staff is not prepared to provide individualized care for campers with special needs. All campers attending IPCC Traditional Teachings Camp are expected to be able to perform at grade level both academically and socially.

Participant Information:

Name: _____ Age: _____ Date of Birth: _____ Gender: _____

Address: _____

State: _____ Zip: _____ Email: _____

Daytime Phone: _____ Cell Phone: _____

Name of Parent/Guardian: _____ Relationship to Child: _____

T-shirt Size: _____

In roughly 200 words, please share what you would like your child to learn from this experience. Illustrations welcome as additional attachments (use additional sheet if needed).

Emergency Contacts:

In the event of an emergency, contact the following:

Primary Contact:

Name: _____ Relationship: _____

Phone 1: _____ Phone 2: _____

Secondary Contact:

Name: _____ Relationship: _____

Phone 1: _____ Phone 2: _____

Release of Liability

I, _____, (parent/legal guardian) do hereby solemnly affirm custody of the participant. As the parent or legal guardian of _____ (child's name) I allow him/her to participate in the Indian Pueblo Cultural Center 2019 Traditional Teachings Camp from June 17 to June 28, 2019. I have carefully read the policies for this camp and understand that there may be certain risks involved. I agree to follow all policies and procedures. I also agree that I will instruct the participant to follow all instructions explained to him/her by program leaders, volunteers, and interns, and I assume all liability for the participant's failure to follow instructions. I understand that the program instructors may immediately withdraw the participant from the program if she/he is unable or unwilling to follow instructions.

In consideration of the participant being allowed to participate in the program, I waive, release, and discharge the Indian Pueblo Cultural Center, Indian Pueblos Marketing, Inc., and its employees, agents, representatives, and volunteers, from any and all claims, liability, and damages resulting directly or indirectly from the participant taking part in the program, including but not limited to those: 1) arising from personal injury and/or property damage suffered by the participant, whether resulting from negligence or other conduct, including all acts and omissions, of the IPCC, its employees, agents, or volunteers, the conduct of another participant, the conduct of a non-participant, or from any other cause; 2) arising from the release or use of medical information by the IPCC for the purposes of providing medical treatment to the participant; 3) arising from the provision of such medical treatment; and 4) for the release of the custody of the participant to the individual(s) identified and authorized by the parent/guardian; any and all of which actions may be required to protect the participant's health, safety, and welfare while participating in the program.

I have carefully read this authorization and I acknowledge that I fully understand its contents and agree for myself and my child to be bound by all terms and conditions set forth therein. My signature is evidence of my understanding and commitment to this authorization.

Parent/Legal Guardian Signature:

Date:

Pick-Up Authorization I authorize the following individuals (besides myself) to pick up my child.

Name: _____ Relationship: _____

Phone 1: _____ Phone 2: _____

Name: _____ Relationship: _____

Phone 1: _____ Phone 2: _____

Name: _____ Relationship: _____

Phone 1: _____ Phone 2: _____

Parent/Legal Guardian Signature: _____ Date: _____

Medical Authorization Form

Section I: Authorization to Permit Medical Treatment

By signing below, I hereby give permission to the Indian Pueblo Cultural Center, Indian Pueblos Marketing, Inc., its employees, volunteers, or interns (collectively referred to as "the IPCC") to provide first aid for any injuries or illnesses experienced by the above-referenced minor, in my absence. If the injury or illness is life-threatening or requires emergency treatment, I authorize the IPCC to seek medical assistance on behalf of my child in the event I am unavailable to indicate my wishes regarding treatment. I understand that the IPCC shall not be held responsible for the costs of treatment. I hereby grant permission to emergency personnel, physicians and other licensed health care providers and their designees to attend, transport, and administer medical care through injury or illness evaluation, first aid care and referral to duly licensed medical personnel when indicated. I waive, release and discharge the IPCC from any and all claims, liability and damages arising from the provision of such medical treatment.

Please print:

Name of Child: _____ Age: _____ Date of Birth: _____ Gender: _____

Address: _____

State: _____ Zip: _____ Email: _____

Daytime Phone: _____ Cell Phone: _____

Parent/Legal Guardian's Signature: _____ Date: _____

Section II: Release of Information

I authorize the release of the medical information below to emergency personnel and treatment providers, and will not hold the IPCC in any way responsible for the release of this information to any emergency personnel or treatment provider.

Please print:

Name: _____

Medical Insurer/Health Plan: _____

Policy #: _____

Physician's Name: _____ Phone: _____

Parent/Legal Guardian's Signature: _____ Date: _____

Medical History

Medications

If the participant takes any medications, please list medication name and dosage. Instructors cannot dispense prescription medicines. If the participant must take a medication during the program, she/he must be able to take personal responsibility for the medications.

Allergies/Allergic Reactions

(Specify reaction and management of the reaction.)

If participant has a known anaphylactic reaction, she/he must carry an EpiPen and an antihistamine at all times while outdoors.

____ Animals (specify animal and reaction) _____

____ Food (specify food item and reaction) _____

____ Bee Stings (specify reaction) _____

____ Insect Stings (specify insect and reaction) _____

____ Other (specify) _____

Health Conditions

Additional Comments/Notes:

Please provide any additional information that may be useful to the IPCC in relation to any of these health conditions. Also, indicate any activities to be encouraged or restricted.

Photo Consent Form

I, _____, (parent/legal guardian) hereby grant permission to the Indian Pueblo Cultural Center to take photos and video of my child while he/she is enrolled in the Indian Pueblo Cultural Centers Traditional Teachings Camp. I further understand and acknowledge that any photograph or video taken by Indian Pueblo Cultural Center staff members may be used in the Indian Pueblo Cultural Center’s newsletter, website, flyers, brochures, or fundraising efforts. The Indian Pueblo Cultural Center may share photographs and videos with participants; however, original negatives and video will remain the property of the Indian Pueblo Cultural Center.

Parent/Legal Guardian’s Signature: _____ Date: _____