

**SNA Summer Youth Camp- PARENT/GUARDIAN CONSENT FORM LIABILITY WAIVER**

Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Youth’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender Identity: 🞏Male 🞏Female 🞏Non-Binary 🞏Other Race & Ethnicity:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Youth’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender Identity: 🞏Male 🞏Female 🞏Non-Binary 🞏Other Race & Ethnicity:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work/Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Youth ages 12-18 must provide signed Parent/Guardian Consent Form.**

**Note: please call regarding participant’s siblings under 12 years of age.**

**Sierra Native Alliance (SNA)** **Summer Youth Camp**, **June 18th- 21st, Nevada City, California.**  This free event, sponsored by SNA includes Native Wellness workshops, youth cultural activities, group camping and meals from 12pm June 18h to 12pm June 21st, 2024.

**Location:** **Camp Gold Hollow,** 17183 Lake Vera Purdon Road, Nevada City, CA 95959-9417

**Time of Departure/Return:** Car-pooling/bus from SNA, meet at 610 Auburn Ravine Road in Auburn, June 18th by 10:30am, load vehicles and leave by 11:00am. Arrive at Camp Gold Hollow at 12:00pm. Depart Gold Hollow camp ground June 21st at 11am and return to SNA by 12pm.

**Contact for Camp:** Please contact Youth Program Coordinator, Mateo M. Ortega: (530) 488-6455. Send completed registrations to Shirley Kohli @ [shirleyk@sierranativealliance.org](mailto:shirleyk@sierranativealliance.org) (530) 620-8555 or you can drop off at our office located at 610 Auburn Ravine Road Suite G Auburn CA 95603.

**Transportation:** Transportation to camp via bus is made available for campers. Other participants and their parents/guardians may arrange independent transportation to the campsite. To register your youth, please call Youth Support Specialist: Shirley Kohli (530) 620-8555 or (530) 888-8767.

**Facilities:** Campground includes a lake with swimming, canoeing and fishing access, craft areas, outdoor group meeting place with fire pit, male/female restrooms with showers, tent camping, and group meals provided by SNA indoors in main lodge.

**Registration Deadline:** June 13th, 2024. Confirmation calls/emails will go out this week.

**Indemnity and Waiver of Claim:** I, the undersigned, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ the Parent / Lawful Guardian, hereby acknowledge that as a condition of my youth participating in the activity, agree to indemnify and hold harmless the Sierra Native Alliance, its employees, volunteers, and governing board, from any liability, lawsuit, cost, expense or claim of any type whatsoever (including legal fees) for any harm, injury or death arising out of the SNA Summer Youth Camp 2024.

Parent/ Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Photo release:** I hereby authorize Sierra Native Alliance to publish the photographs taken of my child/family members at this event that may be used for SNA’s printed publications and website.

Parent/ Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check here \_\_\_\_\_ if you **do not** **want** pictures taken of your child/family members.

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**MEDICAL MATTERS:** I hereby certify that to the best of my knowledge, my child/children are in good health, and I assume all responsibility for the health of my child.

**Emergency Medical Treatment:** In the event of an emergency, I hereby give permission to transport my child/children to a hospital or emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency if, you are unable to reach me at the above numbers, contact:

Emergency contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Family Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family health plan carrier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby grant permission for non-prescription medication (such as aspirin, throat lozenges, cough syrup, sun block, rash/poison oak ointments) to be given to my child/children, if needed:

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Specific Medical Information:** The SNA will take reasonable care to see that the following information be held in confidence by camp facilitators.

**Medications:** My child/children will need to take medication during camp. Yes \_\_\_ No \_\_\_\_

**Please fill out a separate medications sheet if more than one child/children is currently taking medication.**

**If Yes:** My child/children will bring all necessary medications, and such medications will be well labeled. Names of medications and concise directions for assisting the child to take medications, including dosage and frequency of dosage, are as follows:

Medication:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dosage:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Frequency:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dosage:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Frequency:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies (medications, foods, plants, insects, etc): Please list:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_