



SOUTHERN INDIAN HEALTH COUNCIL, INC.

4058 Willows Road Alpine, CA 91901
phone (619) 445-1188 fax (619) 659-3144
www.SIHC.org

6th Annual Native Youth Conference Registration Form

Participant Information

Name: _____

Age: _____ Date of Birth: _____ Gender: Male Female

Ethnicity: Native American (enrolled Tribe: _____) Native American (not enrolled)
 Caucasian Hispanic African American Other: _____

Contact Information

Address: _____ City: _____ Zip: _____

Email: _____ Home Phone: _____

Parent/Guardian: _____ Contact Phone: _____

Emergency Contact: _____ Contact Phone: _____

Alternate Emergency Contact: Name: _____ Phone: _____

Allergies/Medical Conditions: _____

Physical Limitations: Yes No

If yes, please provide the details of the limitations: _____

Dietary Limitations: Yes No

If yes, please provide the details of the limitations: _____

**Prescribed Medication: Yes No

If yes, please provide the details of the medication prescribed: _____

We ask that medications be given prior to/after the event, however if this is *absolutely unavoidable*, please contact Willow Rouillard at (619) 722-7215 (please note below information for further instructions).

Conference Requested Information

Organization Affiliation: SIHC SHNWC SDAIHC ITS TANF Other _____

Roommate Preference: _____ (Please note that no guarantees are made with listed roommate.)

In 2015-16 school year _____ (student name), will be in the _____ grade at _____ School.

I will/ will not need transportation. (Transportation is available to those in our SIHC consortium area. For information on transportation in your area please contact your representative.) If you have questions contact Willow Rouillard (619) 722-7215 or wrouillard@sihc.org. You may fax registration form to (619) 659-9782.

PARENT/GUARDIAN SIGNATURE

DATE

6th Annual Native Youth Conference Agreement & Waiver

Participant's Name: _____

Participants Date of Birth: _____

Agreement, Waiver, and Release: In consideration for being permitted by Southern Indian Health, Inc. to participate in the 2015 Native Youth Conference, I hereby waive, release, and discharge any and all claims for damages for loss, personal injury, death, or property damage which may have as a result of participation in said activity. This release is intended to discharge Southern Indian Health Council, Inc. (including its members, officers, employees, and agents) from any and all liability arising out of participation in said activity. I understand that this activity involves an element of risk and danger of accidents and knowing the risks, I hereby assume the risks. I agree to indemnify and to hold Southern Indian Health, Inc. and the above persons or entities free and harmless from any loss liability, damage, cost, or expense which may occur as the result of any injury or property damage that I may sustain while participating in said activity.

Consent to Treat Minor: I authorize paramedics and emergency personnel to transfer and treat said minor in the event that a parent/guardian cannot be reached. I further understand that all costs of paramedic transportation, hospitalization, and any examination, x-ray, or treatment provided in relation to this authorization shall be borne by the parent/guardian.

Media Release: I give permission for my child's name and/or picture to be released for use in SIHC's, Strong Hearted Native Women's Coalition, Inc. and/or San Diego State publications, on any of the stated websites, or in news productions/publications.

*Age verification is subject to confirmation by Southern Indian Health Council, Inc. A copy of the proper documentation must be provided in one of the following forms: birth certificate, immunization record, passport, school ID (with birth date), Tribal ID, or Amber Alert card. Individual may not participate until age verification can be confirmed.

**** Please be advised that the Conference will include topics of sexual content. The participant is responsible for staying with the group and conducting themselves in a respectful manner. If the participant does not follow the guidelines of the event he/she is subject to termination of this and future outings, trips or events with SIHC.**

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND CONTRACT BETWEEN MYSELF AND SOUTHERN INDIAN HEALTH COUNCIL, INC. AND I SIGN IT KNOWINGLY AND VOLUNTARILY.

PARENT/GUARDIAN SIGNATURE

DATE

6th Annual Native Youth Conference Youth Participant Agreement

Participant's Name: _____

Participants Date of Birth: _____

I agree to only pack and bring to the Conference what is listed on page 4. I understand that any non-listed items will be held by SIHC or an affiliate organization until the end of the Conference on the 16th. I also understand this is an overnight Conference and I must remain respectful and involved throughout the Conference. Participants understand and agree to adhere to the following:

- ✓ You are responsible for staying with the group and conducting yourself in a respectful manner. If the participant does not follow the guidelines s/he is subject to be returned home from this outing as well as termination of future outings or trips with participating organizations.
- ✓ Please be aware this Conference is overnight and thus additional information is requested and must be filled out to the best of the participant's and parent/legal guardian's knowledge.
- ✓ This is a **drug, alcohol, and weapon free** event.
- ✓ Participants are encouraged to leave their cell phones at home. However, if you choose to bring your cell phone know that it is your responsibility; SIHC nor the conference staff will be held responsible for your phone. Additionally, we encourage participants to only use phones during designated break times.
- ✓ This registration form must be filled out in its entirety and space will be filled on a first come, first serve basis. Registration forms will be used to create the overnight housing list and thus must be filled out accurately.
- ✓ Each attendee must complete a separate registration form.
- ✓ All participants must be preregistered; there will be **no onsite registration**. Please note there is a limited number of spots and the **deadline is July 2, 2015** at 2:00PM.
- ✓ Participants must be between 13-18 years of age in order to participate, and must be able and willing to participate in the entire Conference.
- ✓ ****Please take necessary medications prior to/after the event, however if this is *absolutely unavoidable*, please contact Willow Rouillard (see below). If the participant is required to have medication during this event the medicine must be in the original package accompanied with the prescription label and a doctor's note. This includes over the counter medications.**

PARENT/GUARDIAN SIGNATURE

DATE

PARTICIPANT SIGNATURE

DATE



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This sheet is for
you to keep!

6th Annual Native Youth Conference Youth Participant Packing List July 15-16, 2015

Registration Begins at 8:30AM on Wednesday, July 15th
Conference Begins at 9:00AM on Wednesday, July 15th
Conference Ends at 11:30AM on Thursday, July 16th

Here are tips and information when packing for the 6th Annual Native Youth Conference to make this **OVERNIGHT** experience fun, exciting, and positive.

WHAT TO BRING!

- Toiletries (lip balm, hair brush, deodorant, body lotion, toothpaste/brush, etc.)
- 2 Towels (Beach and Bath)
- Change of clothes (socks, underwear, etc.)
- 1 set of casual clothes (for the outdoor water activity, ex: sweats)
- Pajamas
- Jacket/sweatshirt
- Sturdy shoes (closed-toed shoes only)
- Flip Flops (for the beach)
- Flashlight (if desired)

WHAT TO LEAVE AT HOME!

- Expensive items (i.e. jewelry, electronics, etc.)
- Electronics (i.e. computers, games, iPod/CD/MP3 Player)
- Pets
- Skateboards
- Bikes
- Toys from home
- Food/candy
- Alcoholic beverages/drugs/cigarettes
- Lighters

Each participant will be provided a pillow, sheets, and blanket for overnight. Youth participants will receive a water bottle to use during the Conference and bring home.

Now you're ready for the 6th Annual Native Youth Conference! We are excited to see you there!

- Please mark name on all personal items.
- Chaperone staff will be accessible by cell phone throughout the entirety of the event.
 - Nicole Aguilar (619) 403-1851
- The purpose of the Conference is to engage youth through participation and to best meet that goal we are asking that all participants abide by this list.