

**CNYP STAFF USE ONLY:** DATE /TIME RETURNED: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ @ \_\_\_\_\_ INITIAL: \_\_\_\_\_

## Comanche Nation Youth Program 2021 Summer TekCamp Application

### Program Information

**Program Session SELECT ONE**

- TEKCAMP WK 1** June 7<sup>th</sup>-10<sup>th</sup> (Walters)       **TEKCAMP WK 2** June 14<sup>th</sup>-17<sup>th</sup> (Lawton)  
 **TEKCAMP WK 3** June 21<sup>ST</sup> - 24<sup>th</sup> (Complex)       **TEKCAMP WK 4** June 28<sup>th</sup>- July 1<sup>st</sup> (Lawton)

### Participant Information

Full Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ *City State ZIP Code*

Date of Birth    /    /    Current Age    Shirt Size    Comanche CDIB   

### Parent Information/Emergency Contact

Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### Parent Pick-Up Release Form

To better ensure the safety of your participant, we are asking that all parent/guardians fill out this Pick-Up Release Form. We realize that there may be times when someone other than yourself may have to pick up your participant from The Youth Program and you were unable to notify us.

If we do not know the person coming in to pick up your participant we will ask for identification. If the person coming in is not on the list, we will not release your participant to that person.

We ask that you please notify Youth Program if someone other than yourself will be picking up your participant.

**Please notify Youth Program if someone other than yourself will be picking up your participant.**

**Please list all the people, including yourself, who are allowed to pick up your participant.**

	NAME	RELATIONSHIP TO PARTICIPANT
1.		
2.		
3.		
4.		
5.		
Participant's Name:		Parent/Guardian Signature: _____
		Date: _____

## Health Questionnaire

These questions are very important to assist us in taking care of your Participant while attending all CNYP activities. Please select yes or no. Does your participant have:

Asthma	YES	or	NO
Heart Problems	YES	or	NO
Diabetes	YES	or	NO
Respiratory Problems	YES	or	NO
Food Allergies	YES	or	NO
Outdoor Allergies	YES	or	NO
Head Lice (Participants are subject to random head checks)	YES	or	NO

If yes to any allergies, please list:

Taking any medication:	YES	or	NO
If yes, please list medication			
Does your child have any specific needs	YES	or	NO
Does your child have an IEP (Individual Education Plan)	YES	or	NO
If yes please attach a copy			
Does your participant have any individual specific needs	YES	or	NO
If yes, please describe			

**Each case involving medication will be taken into consideration by The Director.**

## Medical Care

I \_\_\_\_\_, the Parent /Guardian of \_\_\_\_\_, do hereby authorize the Comanche Nation Youth Program to act on my behalf and in the best interest of my participant, in authorizing medical, surgical, dental, diagnosis and /or treatment. Such care is to be rendered only to the above named minor under the supervision and upon the advice of a physician, surgeon or dentist licensed to perform such care. In giving this consent, I recognize and understand that in situations where the above named minor requires immediate medical or hospital care, it may not be possible to contact me. I understand every attempt will be made to contact me prior to any emergency treatment. In such situations, I authorize a physician, Surgeon, or dentist to exercise his/her professional judgment and assess risks incident to and choose the necessary treatment from any available alternatives, and to render such care and perform such treatment as he/she, in their professional judgment, determines to be necessary for the health and safety of the above named minor.

<b>Minors Date of Birth</b>	____/____/____	<b>Minors Medical Chart # (optional)</b>	# _____
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## Photo Release

I hereby permit Comanche Nation Youth Program to photograph my participant while participating in The Comanche Nation Youth Program to release and publish any material. I understand that this material may be used to promote Comanche Nation Youth Program in various publications, example: newspapers, slide shows, and videos this material may also appear on the Comanche Nation Web page.

Participants Name		Parent/Guardian Initials		Date	
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## Permission to Walk Home

I give permission for my participant to walk home (select one)	<b>YES</b>	<b>or</b>	<b>NO</b>
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By selecting yes on this waiver, I authorize my participant (listed above) to walk home alone. Please note that this permission slip grants permission for participant to leave The Comanche Nation Youth Program without adult supervision. Only when a permission slip is signed, dated by parent or guardian, and is on file at The Comanche Nation Youth Program may participant be able to leave.

Participants Name		Parent/Guardian Initials		Date	
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## Pick up Policy

All participants of the Comanche Nation Youth Program must be signed out by designated pick up times. If your participant is not picked up by designated time, 3 chances with documentation will be given after the 3<sup>rd</sup> late pick up your participant will be withdrawn from the Comanche Nation Youth Program.

## Attendance Policy

If participant has not attended Youth Program in 2 Consecutive days **YOU MUST** notify CNYP before your participant is permitted to attend. Please give advance notice if your participant will not be able to attend the daily sessions.

## Liability Form

I will not hold the Comanche Nation Youth Program or any Comanche Nation Programs liable for any accidents that may occur.

I do understand that if my participant is under 8 years old they must ride in a child passenger restraint system or booster seat, unless they are taller than 4'9". **Booster Seats must be provided by parent/guardian in order for participant to be transported by Comanche Nation Youth Program.**

I will not hold any Comanche Nation Youth Program employee(s) or volunteers liable for any lost or damaged property belonging to my participant

## Comanche Nation Youth Program Rules

<b>Every Youth Program Participant must follow all Rules.</b>	<b>Violations of the following rules will result in IMMEDIATE withdrawal from the Comanche Nation Youth Program</b>
1. Be courteous	1. Possession on any weapons
2. Respect yourself and your neighbor	2. Possession of drugs or alcohol
3. Respect your presenters	3. Fighting or any physical violence
4. Be willing to help when asked	4. Use of any Profanity
5. Participate in all activities	5. Bullying
6. Play fair with others	6. Sexual Misconduct
7. No name calling	7. Stealing
8. Keep your hands to yourself	<b>***Comanche Nation Youth Program, with probable cause will search a participants backpack if the CNYP Staff deems necessary</b>
9. Always be prepared to learn	
<b>Your participant will be given 3 chances as follows.</b>	
1. Verbal reprimand with notification/documentation to parent/legal guardian.	
2. Second time will be 2 <sup>nd</sup> Verbal reprimand with documentation and parent/legal guardian notification.	
3. Third time will be withdrawal from the Comanche Nation Youth Program with documentation.	

## Disclaimer and Signature

*I have read through the CN Youth Program Application. I understand that all parts of the application must be honest and completed before it is officially accepted. I also understand all rules, conduct policies, and attendance policy.*

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date