

NativeVision™

Sports and Life Skills Camp
June 28-30, 2018
Shiprock High School
Shiprock, New Mexico



The 22nd Annual NativeVision Camp in Shiprock, New Mexico provides Native youth an opportunity to play side-by-side with professional and collegiate athletes. The camp will host approximately 800 youth from 15 tribes, professional athletes, tribal leaders, and national dignitaries. Campers will be guided through sports clinics and life skill workshops while the community at large participates in parenting workshops, community feasts and tribal celebrations. The NativeVision Camp promotes and celebrates all that is healthy and positive in the lives of Native youth. NativeVision is currently expanding its reach through year-round after school programming in tribal communities. The communities include: White Mountain Apache, Santo Domingo Pueblo, and Navajo Nation (Tuba City and Shiprock).

The NativeVision Camp and year-round programming have been designed to promote four major areas of well being for Native children and families:

Healthy Minds: The goal of "Healthy Minds" is to promote children's intellectual development and educational achievement.

Healthy Bodies: The goal of "Healthy Bodies" is to increase levels of fitness for children with the aim of reducing diabetes attack rates and obesity as a long-term outcome for this highly susceptible population.

Healthy Families: The goal of "Healthy Families" is to strengthen vulnerable families and improve health and life outcomes for young American Indian parents and their children.

Healthy Communities: The goal of "Healthy Communities" is to strengthen American Indian communities through environmental education and awareness projects, starting community gardens to cultivate traditional crops and teaching traditional foods cooking classes.

NativeVision Camp 2018: Draft Camp Schedule

June 28th

8 am-12 pm	Camp Registration
12-1 pm	Welcome Ceremony
1:30-5 pm	Sports Clinics
5-6 pm	Community Dinner
6:30 pm	All Star Basketball Game

June 29th

7-9 am	Breakfast
9am-12pm	Sports Clinics
12:00 pm	Pro Player Chats
1:30-4 pm	Parent Workshops
1:30-5 pm	Sports Clinics
5-6 pm	Community Dinner
6:30 pm	Activity Games

June 30th

7-9 am	Breakfast
9-10:45 am	Sports Clinics
11 am-12:00 pm	Farewell Ceremony
12:00 pm	Departure



Register by June 22, 2018

Return COMPLETED FORMS by:

- Email: mhammen@jhu.edu

- Fax: (505)368-4893

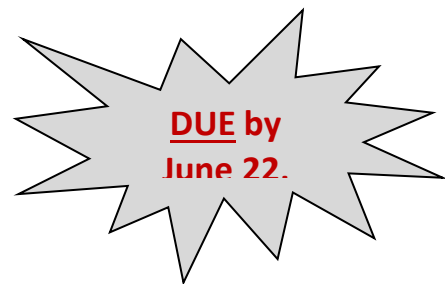
- Register online: www.nativevision.org

- Place in a drop box at your local school or at the Johns Hopkins Shiprock Office

3 Cottonwood Street, Shiprock, NM 87420

For Questions or information please contact:

Shardai Pioche at (505)368-4030



PARENTAL/GUARDIAN CONSENT FOR

***No participants will be accepted without signed consent forms**

Please Type or Print Neatly

Participant Name (First & Last): _____ Age: _____

Birth Date: _____ Male Female Tribe: _____

Current Grade in School: _____ School Name: _____

Address: _____ Physical Home Location: _____

City/ State/ Zip: _____ Parent E-mail: _____

Home Phone: _____ Alternate Phone: _____

T-shirt Size: S M L XL XXL

- Sports Clinics (list top choices 1, 2, 3):**
- | | |
|--|--------------------------------------|
| _____ Football open to ages 13-18 | _____ Soccer open to ages 7-18. |
| *2018 Graduating Seniors
are welcome to attend! | _____ Basketball open to ages 11-18 |
| _____ Running open to ages 9-18 | _____ Volleyball open to ages 11-18. |
| | _____ Lacrosse open to ages 7-18. |

I _____ give my permission for _____ to participate in
(Parent/Guardian Name) **(Child's Name)**

any and all of the activities at the NativeVision Sports and Life Skills camp at Central Consolidated School District schools and facilities at Shiprock High School in Shiprock, New Mexico on June 28-30, 2018. I am aware that my child will arrive and depart from the camp through transportation that is being arranged by myself. Johns Hopkins University the organizers of the camp, Central Consolidated School District, Shiprock High School and the Navajo Nation has no responsibility for my child's transportation to, from the camp. Once my child is at camp, he/she has my permission to travel to sports clinics via a community-approved method of transportation, participate in any or all camp activities including sports clinics, cultural activities, Native games, life skills workshops and meals. I realize that my child will participate in all activities at his/her own risk. I understand that injuries can occur during athletic play and during other activities. While I am assured that Johns Hopkins will take any and all reasonable precautions to protect the safety of my child, I consent that Johns Hopkins is neither the guarantor nor the insurer of my child's safety. My child is ultimately taking part in the 2018 NativeVision Camp at his/her own risk.

I give my explicit consent for Johns Hopkins University to videotape and photograph my child while taking part in camp activities and to distribute by any means the image or voice of my child for promotion of camp and other public health programs of Johns Hopkins Center for American Indian Health, Central Consolidated School District and Navajo Nation.

I give my consent for my child to fill out a survey at the beginning and end of camp regarding his/her educational goals and vision for the future at camp. I understand that community volunteers will be present at the camp to help my child with the survey if need be. I understand that his/her input will help Johns Hopkins University develop further programs to support American Indian education and well-being.

I give permission for you to contact my child at 6 months and 12 months after camp to do follow up surveys about his/her educational goals and completion and his/her healthy lifestyle choices. At 12 months after camp, we will ask your permission to check in with your child annually through high school to learn about his/her grade completion and school achievements.

Parent/Guardian Signature

Date

Printed Name

Medical Release Form

Child's Name: _____

Current Medical Provider: _____
(Physician's Name and Phone #)

Child's health is insured by: _____
(Medical Insurance Carrier and Policy #)

Allergies (if any): _____

Other Medical Conditions: _____

Current Medications: _____

Reason for medications: _____

Parent/Guardian Contact Information:

NAME: _____ **RELATION:** _____

EMAIL: _____

Cell Phone: _____ **Work Phone:** _____

Alternate Phone #: _____

PARENTS APPROVAL AND MEDICAL RELEASE

Recognizing the possibility of physical injury associated with the sport clinics, I hereby release, discharge, and/or otherwise indemnify NativeVision coaches, Its affiliated sponsors, including the owners of the gyms, classrooms and facilities utilized for the program against any claim by or on behalf of the athlete as a result of the athletes participation in the NativeVision Sports and Life Skills Camp and/or while being transported to or from the facilities, which transportation I hereby authorize. I hereby give consent to have an athletic trainer and/or doctor of medicine or dentistry provide my son/daughter with medical assistance and/or treatment and agree to be responsible financial for the reasonable cost of such assistance and/or treatment. In case of injury or sudden illness, I hereby give consent for medical treatment as may be required for my child's health and safety while attending the NativeVision Sports and Life Skills Camp. I understand that I will be responsible for any medical expenses.

Parent/Guardian Signature

Date

Printed Name