



Presents

“ATYPICAL: A SPORTS CAMP EVENT”

The Santo Domingo NativeVision Year Round Program in collaboration with the Santa Fe Mountain Center are proud to host an “Atypical: A sports event.”

This event will present participants opportunities to engage in team building, self-esteem promotion, and confidence building through various physical activities. Activities include **basketball, volleyball, rock climbing, and bow-drill fire making** instruction. Participants will also have the opportunity to hear about personal life lessons from local music artists like MC Rhetorik and DJ Nico in hopes of positively impacting the lives of local youth.

WHEN: SATURDAY, NOVEMBER 11TH

8:00AM- 5:30PM

WHERE: SANTO DOMINGO

BASKETBALL COURTS

(BY OLD HEADSTART)

WHO: YOUTH AGES 12-18

Please Submit all **COMPLETED** forms to Avery Aguilar

OR by email to aaguil13@jhu.edu

If you have further questions please contact
Avery Aguilar at (505) 797-3309

**NATIVEVISION “AYPICAL SPORTS CAMP EVENT”
REGISTRATION, MEDICAL AND MEDIA RELEASE FORM
STUDENT INFORMATION:**

STUDENT’S NAME:	
DATE OF BIRTH:	
SCHOOL (SY17-18):	
GRADE:	
GENDER:	
TRIBAL AFFILIATION (<i>if applicable</i>):	
MAILING ADDRESS:	
CITY:	
STATE	
ZIP:	

STUDENT’S T-SHIRT SIZE:

S ___ M ___ L ___ XL ___

Will individual participate in rock climbing event?

Yes ___ No ___

PARENT/ GUARDIAN INFORMATION:

FULL NAME:	
RELATION:	
CELL PHONE NUMBER:	
WORK NUMBER:	
EMAIL ADDRESS:	

WHAT IS YOUR PREFERRED METHOD OF COMMUNICATION?
(PLEASE RATE FROM 1 BEING THE MOST PREFERRED TO 3 BEING THE LEAST PREFERRED)

PHONE CALL ____
CELL PHONE TEXT ____
EMAIL ____

EMERGENCY CONTACTS: OTHER THAN THOSE LISTED ABOVE

In the event the parents/guardians cannot be reached, the NativeVision Program will call the people listed below. People listed should be individuals who can: 1) Give permission to administer health care; 2) Pick up your child if your child is ill; 3) Give advice about caring for your child.

NAME:	
RELATION:	
HOME:	
CELL:	

NAME:	
RELATION:	
HOME:	
CELL:	

NAME:	
RELATION:	
HOME:	
CELL:	

HEALTH INFORMATION:

ALLERGIES:	
MEDICATION(S):	
OTHER MEDICAL CONDITIONS:	
PARTICIPANT'S DOCTOR:	
PHONE:	
MEDICAL INSURANCE COMPANY:	
PHONE:	
POLICY HOLDERS NAME:	
POLICY NUMBER:	

PARENTAL APPROVAL, MEDICAL AND MEDIA RELEASE

Recognizing the possibility of physical injury associated with the NativeVision Mini-Camp, I hereby release, discharge, and/or otherwise indemnify the NativeVision Mini-Camp, the Santa Fe Mountain Center, and its affiliated sponsors, including the tribe of Santo Domingo and facilities utilized for the program against any claim by or on behalf of my child as a result of the child's participation in the NativeVision Mini-Camp and/or while being transported to or from the Mini-Camp, which transportation I hereby authorize.

I understand that surveys may be used to gather feedback about the program and my child's thoughts and behaviors. I give my consent for my child to fill out a survey at the beginning and end of the program regarding his/her thoughts about health, nutrition, education and vision for the future. I understand that his/her input will help Johns Hopkins Center for American Indian Health to further develop programs to support American Indian education and well-being.

I give permission for you to contact my child in the future, to do follow up surveys about his/her educational and healthy lifestyle choices.

I hereby give consent for my child to participate in the NativeVision Mini-Camp, I also hereby give my permission for the use and reproduction of video, photographs, or audio recordings, I understand that any use of my image and/or will be for the purpose of program goals.

PRINT NAME OF STUDENT	
PRINT NAME OF PARENT/GUARDIAN	
E-SIGNATURE PLEASE PRINT FULL NAME	
DATE	