

Local Student Registration
Whiteriver, AZ
June 11-13, 2009

Please print neatly on front and back:

Name: _____
Birthdate ___/___/___ School: _____
Current Grade (pls. circle) 4 5 6 7 8 9 10 11 12
Male: _____ Female: _____ Tribal Affiliation: _____
Mailing Address: _____
City/State/Zip _____
Home Phone: _____
Email Address: _____

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 Native Vision sports clinic. I understand that I will be responsible for any medical expenses.

Signature of Parent/Guardian

SPORTS CLINICS

Six clinics will be offered to both boys and girls. List your first through third choices in order of preference. We try to accommodate your first choice, but you should be prepared to participate in any of your choices.

- A. Football (incoming 9th grade & up)
- B. Basketball (incoming 8th grade & up)
- C. Running (incoming 7th grade & up)
- D. Soccer (incoming 4th grade & up)
- E. Volleyball (incoming 7th grade & up)
- F. Lacrosse (incoming 4th & up)

1st choice: _____ 2nd choice: _____ 3rd choice: _____

For more information, please contact:
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Native Vision Partners



THE JOHNS HOPKINS CENTER FOR AMERICAN INDIAN HEALTH works in partnership with tribes to raise the health and self-sufficiency of Indian communities to the highest possible level. The Center provides ongoing expertise to Native communities to support all aspects of the planning, design implementation and evaluation of the NATIVE VISION program.



THE NFL PLAYERS ASSOCIATION is a non-profit, professional sports organization which represents the interests and welfare of NFL players. One of its major mandates is to facilitate charitable activities. For the NATIVE VISION program, the NFLPA helps direct and support the Sports and Lifeskills Camp.

SPECIAL THANKS TO

Alchəsay High School
The Whiteriver Unified School District
White Mountain Apache Tribe

Please return completed form to:

Johns Hopkins Whiteriver Office
308 Kuper Street
P.O. Box 1240
Whiteriver, Arizona 85941
(928) 338-5215

Native Vision



Sports and Lifeskills Camp

June 11-13, 2009
Whiteriver, AZ
Alchəsay High School

Overview



The 13th Annual Native Vision Camp provides Native youth an opportunity to play side-by-side with professional and collegiate athletes. The camp will host approximately 1,000 youth from 25 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 Native Vision camp promotes and celebrates all that is healthy and positive in the lives of Native youth.

Native Vision Year-Round Program

Native Vision's year-round initiative has been designed to promote three major areas of well being for Native children and families: 1) Healthy Minds, 2) Healthy Bodies, and 3) Healthy Families. Each program area involves a variety of school, community and home-based outreach that have been piloted among six tribes, all of which have hosted previous camps: 1) the White Mountain Apache, 2) the Navajo, 3) the Eastern Shoshone, 4) the Northern Arapaho, 5) the Southern Pueblo Tribes, and 6) the Iroquois Nation.

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.

Native Vision Pro-Players

Players who may participate in this year's camp include:

FOOTBALL PLAYERS

Jason Belser, Indianapolis Colts & Kansas City Chiefs
Tom Carter, Washington Redskins
Brian Dieckman, Michigan State
Clark Gaines, New York Jets
Scottie Graham, Minnesota Vikings
James E. Guidry, Jr., Portland Forestdragons
John Olenchak, Kansas City Chiefs
Jim Rourke, Kansas City Chiefs & Cincinnati Bengals
Lionel Taylor, Denver Broncos, Pittsburgh Steelers & Chicago Bears
Willis Whalen, New England Crusaders

BASKETBALL PLAYERS

Lionel Blie, Northern Arizona Univ.
Katie Cummings, Asst. Women's Basketball Coach for Wichita State and Park University
Taymon Domzalsky, Duke University
Gregory Leon Frost, Haskell University
Harold Hubbard, Harlem Globetrotters
Reggie Johnson, Philadelphia 76ers
Joe Merriweather, New York Knicks & Houston Rockets
Derek Mueller, Park University
Ashley Nicks, Park University
Evette Ott, University of Kansas
Lynn Page, University of Kansas
Cherrale Ricks, Park University
Dan Roundfield, Washington Bullets
Kim White, Park University

SOCCER PLAYERS

Timothy Kibune, Kenya National Team
Toni Linhart, Baltimore Colts
Bernd Linhart, Louisiana State University
Shaun Rai, Dartmouth College
Efrem Shimlis, Kansas City Attack & Daytona Speed Kings
Max Saouil, Park University



VOLLEYBALL PLAYERS

Rachel Manfre', Santa Clara University
Allen McCreary, Assistant Coach, Mercer College
David Noble, University of San Francisco Women's Volleyball Coach
Jim Toohey, University of San Francisco Women's Volleyball Coach
TRACK AND FIELD
Robert Barraza, Inter-Tribal Road Runners Club
Mike Daney, Northeastern Oklahoma State University
Kyle Goklish, University of Arizona
Thomas Hatathli, Central Arizona University
Kizzie Ricks, Park University
Melvin Yazzie, Coach Alchesay High School & Haskell Indian Juco
LACROSSE
Nathaniel Bader, US Lacrosse Coach
Lisa Christiansen, U-19 National Team General Manager
Joanna Kotula, US Lacrosse Coach
Wendy Kridel, U-19 National Team Head Coach
Delby Powless, N.L.L. for Buffalo Bandits
Gewas Schindler, New York Titans and Iroquois Nationals
Duke Whelan, US Lacrosse Coach

Parental/Guardian Consent Form

No registrations will be accepted without signed consent form.



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

any and all activities at the Native Vision camp at Alchesay High School in Whiteriver, AZ from June 11-13, 2009. I am aware that my child will arrive and depart from the camp through transportation that is being arranged by his/her school and me. Johns Hopkins University, the organizer of the camp, has no responsibility for my child's transportation to, from or during the camp. Once my child is at the 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 skill workshops and meals. I realize that my child will participate in these activities at his/her own risk. I understand that injuries can occur naturally 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 2009 Native Vision camp at his/her own risk.

I give my explicit consent for Johns Hopkins University, the NFLPA and US Lacrosse 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 the Camp and other public health programs of Johns Hopkins Center for American Indian Health.

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

Current medical provider _____
 (Physician's Name and Phone #)

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

Current Medications _____ Reason for medication _____

SIGNED: _____
 Parent/Guardian Signature Date

In an emergency, please contact: _____
 Name Relationship to camper

Phone # Day _____ Evening _____

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 Native Vision Sports and Life Skills Camp. I understand that I will be responsible for any medical expenses.

Signature of Parent or Guardian Date