



United Indian Health Services, Inc.

**May-Gay-Tolh-Kwe
"A Healing Place"
Youth Summer Day Camp 2021**

CAMPER REGISTRATION PACKET

United Indian Health Services, Inc. (UIHS) is proud to announce that the Annual "May-Gay-Tolh-Kwe" Youth Summer Day Camp is scheduled to be held

- **June 28-July 2, 2021 at the Potawot Health Village in Arcata**
- **July 12-16, 2021 at Resighini Rancheria Community Center in Klamath**
- **July 19-23, 2021 at the Elk Valley Rancheria Community Center in Crescent City**

"May-Gay-Tolh-Kwe" Youth Summer Day Camp 2021 will provide a safe and positive day camp experience for American Indian youth. During day camp, youth will be introduced to local cultural traditions and have the opportunity to participate in many activities that promote and encourage healthy lifestyle choices. All activities will be based on values inherent in our American Indian community, and will include topics such as diabetes prevention, building self-esteem, recycling, nutrition, and other wellness related presentations.

Campers will meet other American Indian youth from our community and together they will experience five days of fun, healthy and educational activities. Cultural activities such as necklace making, storytelling, traditional games and more will be introduced during summer day camp. Youth will also participate in daily hikes, nature walks, and various physical activities.

All American Indian youth ages 9-11 and 12-17 that are registered at UIHS are eligible to participate. The summer day camp will be limited to the first 60 eligible youth who submit the camper registration packet. Registration is based on a first come first serve basis with a priority for those clients who live within the UIHS service area. All forms must be completed and delivered to any UIHS clinic site by Friday June 18, 2021. Incomplete or late registration packets will not be accepted.

IMPORTANT REMINDERS:

- * **Parents must sign in and sign out campers every day.**
- * **Campers can be signed in everyday between 8:30am-9:15am Monday - Friday.**
- * **Campers must be picked up by 3:00pm Monday – Thursday.**
- * **Campers must be picked up by 12 noon on Friday.**

If you have any questions or need more information,
please contact **UIHS Tribal Public Health Division**
at 707-825-5070 or 1-800-675-3693.

**Deadline to submit the Camper Registration
Packet is Friday, June 18, 2021 at any
UIHS Clinic Site**



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IMPORTANT REMINDERS



What to bring:

We are hoping for sun, but please make sure your camper is prepared for cloudy/cold weather conditions. Clothes that can be layered are the best. Write your name on all clothing.

Please DO NOT Bring:

IPODS, MP3 players, CD players, Gameboys, cell phones or any other electronics, money or candy. UIHS will not be responsible for any items that are lost, stolen, or damaged at summer day camp.

Registration Packet Checklist:

- Camper Information Form
- Parent/Guardian Consent Form
- Medical Authorization Form

Emergency Contact Information:

United Indian Health Services	707-825-5070
Emergency Cell Phone	707-672-6072



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CAMPER INFORMATION

Name: _____ Age: _____ Gender: **Male Female**

Name of Parent/Guardian: _____

Mailing Address: _____ City: _____ Zip Code: _____

Phone: _____ Cell: _____ Message: _____

Registered UIHS Client: **Yes No** Birth Date: _____ T-shirt Size: _____ Adult/Child (circle one)

You are able to participate at one camp, please circle one of the following locations where you will be able to attend day camp:

- **June 28-July 2, 2021 at the Potawot Health Village in Arcata**
- **July 12-16, 2021 at Resighini Rancheria Community Center in Klamath**
- **July 19-23, 2021 at the Elk Valley Rancheria Community Center in Crescent City**

Camper: Please tell us why you are interested in attending May-Gay-Tolh-Kwe Summer Day Camp:

Please list your experience with local American Indian culture and traditions:

Please list any sports, hobbies and other activities that you are involved with:

Camper Agreement:

As a camper, I agree to: attend and be on time to all functions and activities; cooperate with all staff, counselors and guest presenters; stay away from drugs, alcohol and tobacco; behave in a manner that honors my ancestors and traditions as an American Indian person.

Camper's Signature: _____



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**May-Gay-Tolh-Kwe
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PARENT/GUARDIAN CONSENT FORM**

I hereby give my minor child _____ permission to attend "May-Gay-Tolh-Kwe" Youth Summer Day Camp 2021.

***** Note: Parent/Guardians are required to sign-in and sign-out their child each day.**

***** All items brought to camp are subject to search.**

Head Lice:

I understand that I must remain at camp with my child until he/she has been examined and cleared to be head lice/nit free. Children found to have head lice during sign-in will not be allowed to participate in camp this year. This is for the protection of all camp participants. _____(initial)

Presentations:

I understand that my child will participate in presentations that will include information about making healthy lifestyle choices, diabetes prevention, nutrition, drug, alcohol and tobacco prevention, environmental education and other health related issues. _____(initial)

Photographs/Video:

I understand that my child may be photographed or participate in video documentation during camp activities. Further, I understand that these photos and videos may be used in the development of health promotion related educational materials. _____(initial)

Early Dismissal:

I understand that I will be contacted to pick up my child for any illness, behavior problems, fighting and abuse of any substance such as drugs, alcohol or tobacco. **UIHS will NOT** be able to provide transportation. _____(initial)

Medication:

If you child will require medication during summer day camp, please provide the following information:

<i>Type of Medication</i>	<i>Dose Amount/Frequency</i>	<i>Special Instructions</i>
_____	_____	_____
_____	_____	_____

*****NOTE: All medications must be provided to camp staff during the sign-in process. Medications will be safely and properly stored and will be dispensed by camp staff to the minor child as required.**

Parent/Guardian Signature: _____ Date _____



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MEDICAL AUTHORIZATION FOR TREATMENT OF A MINOR

I hereby authorize United Indian Health Services, Inc., as an agent for the undersigned to consent to any x-ray examination, anesthetics, medical, surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provision of the Medical Practices Act or the medical staff of any hospital whether such diagnosis or treatment is rendered at the office of said physician or at the said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent or agents to give specific consent to any and all such diagnosis, treatment or hospital care which aforementioned physician in the exercise of his/her best judgment may deem advisable.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. I hereby authorize any hospital which has provided treatment to the above named minor pursuant to the provisions of Section 25.8 of the Civil Code of California to surrender physical custody of such minor to the above named agent upon completion of treatment. This authorization is given pursuant to Section 1283 of the Health and Safety code of California.

These authorizations shall remain effective through July 23, 2021 unless sooner revoked in writing and delivered to said agent.

Minor Child's Name: _____

Parent/Guardian (print) _____ Phone: _____

Parent/Guardian Signature _____ Date: _____

Emergency Contact: _____ Phone: _____



Medical History

Minor Child's Doctor:

Chronic Illness:

Medical Conditions:

Food/Medicine Allergies:

Last Tetanus:

Insurance Information

Insured's Name:

Name of Policy:

Policy Number: