



## CAMP SIVUNNIIGVIK APPLICATION

Name: Last, First	Iñupiat name:	
Address: PO Box, City, State, Zip		
		Gender: <input type="checkbox"/> M <input type="checkbox"/> F Age: _____
Parent or Legal Guardian's Name:	Telephone Number: _____) _____	Message Number: _____) _____
July 14-18 (8 to 10 yrs.) _____ July 21-25 (11 to 13 yrs.) _____ July 28-August 1 (14 to 16 yrs.) _____		

### MEDICAL HISTORY

Are all shots current? Yes _____ No _____	Tetanus shot in last ten years? Yes _____ No _____
Is camper currently taking any medication or prescription drugs: Yes _____ No _____ If yes, please describe purpose and directions for use: _____ _____	

Please list any special needs, limitations, disability, allergies, or know epileptic seizures:  
\_\_\_\_\_  
\_\_\_\_\_

### EMERGENCY CONTACT

If we are unable to contact the parent or legal guardian, please provide a name of an emergency contact in case there is an emergency.

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

### PERMISSION/RELEASE

I give permission for my son/daughter \_\_\_\_\_ to participate in the summer camp program sponsored by the Aqqaluk Trust. In giving permission, I release Aqqaluk Trust and the camp staff from liability for accident or injury which may result in participation in the program. In accordance with program liability insurance, I hereby release Aqqaluk Trust and any of its representatives from any liability accrued during travel to and from the campsite, regardless of cause. If my child is to become injured or sick during the summer program, I give permission for him/ her to be treated.

The following person will pick up my child at the Kotzebue airport in an emergency travel: \_\_\_\_\_

Parent or Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Emergency messages will be dealt with promptly. Please call 442-1607 or 1-866-442-1607 for emergencies.

*Campers are responsible to bring their own sleeping bags, rain gear, rubber boots, shoes, mosquito repellent, swimming gear, towels, personal hygiene, and a warm jacket for boat ride and change of clothes for the week. Please do not send your child with snacks such as: Pop, candy, gum, and chips or with games and electronics of any sort. These items will disrupt the flow of Camp and cause a distraction to other youth.*

**There is a \$50.00 application fee for each applicant wishing to attend camp. Each application fee is non-refundable. PLEASE SUBMIT YOUR PAYMENT TO AQQALUK TRUST.**

**CAMP SIVUNNIIGVIK HEALTH HISTORY FORM****This side to be filled in and examined by health practitioner or aide from your community – MUST COMPLETE PRIOR TO TRAVEL****\*\*Please have your child checked and, if necessary, treated for head lice PRIOR to camp in order to avoid unnecessary embarrassment****Health History –**

NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_ GENDER: \_\_\_\_\_ AGE: \_\_\_\_\_  
Parent or Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Second Parent or Guardian or Emergency Contact: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Business Address: \_\_\_\_\_

If not available in an emergency, notify:  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_  
  
All shots are up-to-date:  
Date of last physical examination: \_\_\_\_\_  
Has this camper ever required any psychiatric counseling or hospitalization? \_\_\_\_\_  
Operations or serious injuries (dates): \_\_\_\_\_  
Disability, chronic, or recurring illness: \_\_\_\_\_  
Any specific activities to be encouraged or limited by physician's advice: \_\_\_\_\_  
Dietary Modifications: \_\_\_\_\_  
Current Medications (send with instruction): \_\_\_\_\_  
Other diseases or details of above: \_\_\_\_\_

**Conditions**

Hypertension \_\_\_\_\_  
Ear Infect \_\_\_\_\_  
Bleeding/  
Clotting-  
Disorder \_\_\_\_\_  
Mononucleosis \_\_\_\_\_  
Psychiatric-  
Treatment \_\_\_\_\_  
Heart Defect/  
Disease \_\_\_\_\_  
Diabetes \_\_\_\_\_  
Convulsions \_\_\_\_\_

**RECOMMENDATIONS AND RESTRICTIONS WHILE AT CAMP:**

Any treatment to be continued at camp: \_\_\_\_\_  
Any allergies (food, drug, plants & insects, etc.): \_\_\_\_\_  
Additional Health Information: \_\_\_\_\_

Suggestions or health related information for camp personnel: \_\_\_\_\_

**IMPORTANT – THIS BOX MUST BE COMPLETED BEFORE ATTENDANCE\*\***

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted. I hereby give permission for transportation for trips by means that may include but not be limited to, foot, boat, automobile, van, bus, and other camp vehicles. I hereby give permission to the camp to provide routine health care, administer prescribed medications, and seek emergency medical treatment. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. I give permission to the camp to arrange necessary related transportation for me/my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

Signature of parent or guardian or adult staff: \_\_\_\_\_ Date: \_\_\_\_\_

# Over the Counter Medications

I hereby give permission for Camp Sivunniigvik to administer specific over-the-counter medications to my child if the staff deems it necessary. Dosages will be administered according to directions on the bottle unless a health aide practitioner directs otherwise.

Some of the over-the-counter medications listed below will be stored in the main cabin facility. The camp lead counselor will do the distribution of these medications. All medications will be given based on symptoms and appropriate dosages as stated on all medication packing. Allergies and contraindications will be checked for every person before receiving non-prescription medications.

Advil	Vitamin C
Benadryl	Sucrets
Travist-D	Halls
Sudafed	Hydrocortisone Cream
Actifed	Kaopectate
Robitussin DM	Lotrimin AF Cream
Tylenol (Regular – Extra Strength)	Metamucil
	Bacitracin
	Zinc Oxide
	Tolnaftate Cream

Parent Signature: \_\_\_\_\_

Name of Camper: \_\_\_\_\_

Date: \_\_\_\_\_

# Photo Release

I hereby grant to Aqqaluk Trust and its legal representatives and assigns, the irrevocable and unrestricted right to use and publish photographs of me, or in which I may be included, for editorial, trade, advertising, and any other purpose and in any manner and medium; to alter the same without restriction; and to copyright the same. I hereby release Aqqaluk Trust and its legal representatives and assigns from all claims and liability relating to said photos.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

\*

\*Parent/Guardian Signature if subject is a minor

Images may be retained in our stock files. Stock photos are images that are made available for client use by the photographer or his agents. Only a small percentage of photos are used for stock, but this image could be used in magazines, books, brochures, annual reports, ads, or other commercial uses.



# Camp Sivunniigvik 2014 – Swimming Guidelines

## **Safety**

Swimmers will receive instruction and be supervised at the swimming area.

## **Essential Precautions:**

- Wear sunscreen
- No running, rough housing/horseplay
- No food or drink while swimming or surrounding area
- Label swimsuit, sunscreen, and towels

## **Other Safety Precautions**

All campers must pass a swim test before entering the water or swimming area.

Campers must always wear shoes while walking to and from the swimming area. Open toed shoes are acceptable while walking to and from the swimming area.

No diving, running, or jumping while swimming or in the swimming area

Campers must use the restroom at designated areas other than near or in the swimming area

Campers that are not swimming must be seated elsewhere other than surrounding the swimming area to prevent accidental injury.

Do not get in the water if you have open wounds, or if you're bleeding.

## **Age Limit**

Ages 8-10 years should have a person 12+ years supervising and within reach of the swimmers.

Ages 10+ years may be unaccompanied in the swimming area, but an adult or counselor must be notified of any swimming activity before entering the water.

## **Clean Swimming Area**

All campers will keep the swimming area clean and free of garbage. After each swimming time, all belongings will be placed in the appropriate area, whether hung to dry or to be washed. No shoes, shirts, or other types of clothing will be left at or near the swimming area.

## **Personal Flotation Devices**

All campers are strongly encouraged to wear personal flotation devices while swimming at any depth of water.

All personal flotation devices are available at the main cabin, and must be returned once each swimming activity is done.

## **Rule Agreement**

When rules are broken, two warnings will be issued. The third will result in a "Time Out" from the current activity. If further inappropriate behavior continues, then that camper will be excused from the swimming area and will not be permitted to participate for the remaining swimming day.

## Camp Activities

- Learning Iñupiaq Values
  - Oral History
  - Storytelling
- Survival Skills
  - Fishing
  - Navigation
- Arts & Crafts Skills
  - Carving
  - Beading
- Winter Survival
- Recreation

## What to bring

- sleeping bag
- change of clothes
- personal hygiene products
- towels
- swimming gear
- shoes
- rubber boots
- rain gear
- warm jacket

## Application Checklist

- Cover page
- Health history form
- Over-the-counter medication form
- photo release form
- Swimming Guidelines

Please don't forget to include this year's \$50.00 application fee for all campers. Payment can be made by money order, credit card or debit. Please do NOT send cash or checks!

## Contact Information

Aqqaluk Trust

P.O. Box 509

Kotzebue, AK 99752

1-866-442-1607

Hans Schaeffer, Camp Coordinator

(907) 412-1445

[hans.schaeffer@aqgaluktrust.com](mailto:hans.schaeffer@aqgaluktrust.com)

### Aqqaluk Trust

#### *Our Mission*

Empowering the Iñupiat people through language, culture, and education

### Aqqaluk Trust

#### *Our Vision*

Being a Proud, Responsible, Productive, and Successful Inupiaq!

## What NOT to bring

- Energy Drinks
- Large amounts of candy/junk food
- Electronics such as televisions, video games, cell phones, MP3 players, CD players, or radios
- weapons including rifles, handguns, or knives
- fireworks
- lighters or matches

### Inupiat Ilitqusiat

Knowledge of Language  
Knowledge of Family Tree  
Sharing  
Humility  
Respect for Others  
Love for Children  
Cooperation  
Hard Work  
Respect for Elders  
Respect for Nature  
Avoid Conflict  
Family Roles  
Humor  
Spirituality  
Domestic Skills  
Hunter Success  
Responsibility to Tribe