



## CAMP SIVUNNIIGVIK APPLICATION

|   |  |                                |                              |
|---|--|--------------------------------|------------------------------|
| Name: Last, First _____   |  | Inupiat name: _____            |                              |
| Address: PO Box, City, State, Zip _____   |  | Gender: _____                  | Age: _____                   |
| Parent or Legal Guardian's Name: _____  |  | Telephone Number:<br>( ) _____ | Message Number:<br>( ) _____ |
| Which camp session do you prefer?    July 17-23 _____    July 24-30 _____    July 31-August 6 _____ |  |                                |                              |

### 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 _____<br>If yes, please describe purpose and directions for use: _____<br>_____ |   |
| Please list any special needs, limitations, disability, allergies, or know epileptic seizures:<br>_____  |   |

### 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 Aqaluk Trust. In giving permission, I release Aqaluk 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 Aqaluk 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 airport: \_\_\_\_\_

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

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

*Camper's 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 be confiscated.*

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 Aqaluk Trust.

# CAMP SIVUNNIIGVIK HEALTH HISTORY FORM

This side to be filled in by parent/guardian of minors

Health History:  
(Check -- Give  
Approximate Dates)

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

## 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 including ordering x-rays or routine tests. 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: \_\_\_\_\_

**Diseases**  
 Chicken Pox \_\_\_\_\_  
 Measles \_\_\_\_\_  
 German measles \_\_\_\_\_  
 Mumps \_\_\_\_\_  
**Allergies**  
 Ivy Poisoning \_\_\_\_\_  
 Insect Stings \_\_\_\_\_  
 Penicillin \_\_\_\_\_  
 Other drugs \_\_\_\_\_  
 Hay Fever \_\_\_\_\_

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

## 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.

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            | Imodium AD  |
| Benadryl                   | Sucrets              | Peptobismal |
| Travist-D                  | Halls                | Maalox      |
| Sudafed                    | Hydrocortisone Cream | Kaopectate  |
| Actifed                    | Lotrimin AF Cream    | Metamucil   |
| Robitussin DM              | Bacitracin           |             |
| Tylenol                    | Zinc Oxide           |             |
| (Regular – Extra Strength) | Tolnaftate Cream     |             |

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

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

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

## Photo Release

I hereby grant to Chris Arend and his 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 Chris Arend and his 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 Activities

- Harvesting – setting fish net and cutting & drying
- Subsistence Mapping and GIS introduction
- Arts & Crafts – basket making and beading
- Wellness workshops

### What to bring

- sleeping bag
- change of clothes
- personal hygiene products
- towels
- swimming gear
- shoes
- rubber boots
- rain gear
- warm jacket
- personal flotation device (PFD)

### Application Checklist

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

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

### Contact Information

Aqqaluk Trust      P.O. Box 509      Kotzebue, AK 99752      1-866-442-1607  
Hans Schaeffer, Camp Coordinator      (907) 442-8142      hans.schaeffer@nana.com

### Aqqaluk Trust

#### *Our Mission*

Empowering the Inupiat people through language, culture, and education

### Aqqaluk Trust

#### *Our Vision*

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

### What NOT to bring

- Food
- 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 Ilitusiat

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