



Qagan Tayagungin Tribe
P. O Box 447
Sand Point, AK 99661
Phone: (907)383-5616
Fax: (907)383-5814

CULTURE CAMP 2014

Kindergarten – 12TH GRADE APPLICATION

We are happy to inform you the annual Qagan Tayagungin Culture Camp for 2014 will be held July 14, thru July 24, 2014. Students entering 5th thru 12th will attend all day from 9:00 a.m. and to 5:00 p.m. each day. The lower elementary students will follow the following schedule.

Kindergarten times are 1:00 PM – 3:00 PM

1st – 2nd grades times are 3:00 PM – 5:00 PM

3rd – 4th grades time are 9:00 AM – 12:00 PM

Camp will be held Monday July 14th thru Saturday July 19th the first week, and Monday July 21st thru Thursday July 24th the second week.

At camp we will learn the Unangan Tunuu language and dance, continue to create more Aleut Bentwood hats, bidarka making, regalia, weaving and storytelling as well as tide pooling at the beach and learning about plants. This year we will be focusing more on the history and cultural aspect of these activities than we have in the past couple of years in order to provide our students with increased knowledge on why we do the things we do.

Campers will be expected to provide appropriate clothing for outside activities. Culture Camp will provide lunch, snacks, drinks, and all other camping gear.

Please return completed application and documents to the following address:

Qagan Tayagungin Tribe
Culture Camp
P.O. Box 447
Sand Point, AK 99661

If you have any questions, please feel free to contact our office at (907) 383-5616. Office hours are Monday thru Friday, from 8:00 AM – 5:00 PM.



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CULTURE CAMP 2014
Kindergarten – 12TH GRADE APPLICATION
Age Group: Kindergarten – 4th 5th thru 12th

I, _____, give my permission for my son/daughter to attend Culture Camp 2014.

NAME _____ COMMUNITY _____

First Last

Date of Birth: ____ / ____ / ____
 Month Day Year

Mailing Address: _____
 City / State: _____
 Zip Code: _____

Grade in 2014/2015 school year: _____

TRIBAL ENROLLEE? YES NO TRIBAL AFFILIATION _____
 SHAREHOLDER? YES NO REGIONAL CORP _____

Telephone Number: (____) _____ - _____

I, _____, parent/guardian, **allow** **do not allow**
 Qagan Tayagungin Tribe or any other entities associated with Culture Camp to release any pictures or video
 footage taken during Culture Camp 2014 to be used in any publications

EMERGENCY CONTACT PERSON AND PHONE NUMBER

 Name (____) _____ - _____
 Phone Number

Parent/Guardian Name(s): _____

Culture Camp is a drug, alcohol, and tobacco free event. I agree to abide by these rules and any failure to do
 so I will be asked to leave.

Campers Signature: _____ Date: ____ / ____ / ____

If for any reason my child needs to leave Culture Camp I will assume all costs for him/her to be sent home.

Parent/Guardian Signature _____ Date: ____ / ____ / ____

ALL APPLICATIONS SHOULD BE RETURNED BY JULY 11, 2014

**CULTURE CAMP 2014
PICTURE RELEASE FORM**

I grant the Qagan Tayagungin Tribe and any other entities associated with Culture Camp 2014 my consent to use any or all of the photographs and video footage taken during Culture Camp 2014 in the creation, publication, reproduction or promotion of material in any medium now known or later developed.

I understand the photographs will be used exclusively for non-commercial purposes. I also understand there will be no financial or other payment for the photographs and hereby release the Qagan Tayagungin Tribe and any other entities associated with Culture Camp 2014 from any liability resulting from or connected with my participation in this program.

I confirm I have carefully read this CONSENT AND RELEASE and agree to its terms and knowingly and voluntarily. I understand the Qagan Tayagungin Tribe and any other entities associated with Culture Camp 2014 are not obligated to use the photographs and video footage taken.

I have signed this CONSENT AND REALEASE this ___ day of _____, 20__

CHILDS NAME _____

ADDRESS _____

EMAIL _____

TELEPHONE _____

PARENT OR GUARDIAN _____

PARENT OR GAURDIAN SIGNATURE _____

DATE _____ / _____ / _____

Please return form with application.

CULTURE CAMP 2014 MEDICAL INFORMATION

(To be filled out by Parent or Guardian)

Camper Name _____ Phone (_____) _____ - _____

Date of Birth ____/____/____

Address _____

City _____ State _____ Zip Code _____

Parent/Guardian _____ Work Phone (_____) _____ - _____

Relationship to camper _____

Physicians Name _____ Phone (_____) _____ - _____

Does your child have any physical disabilities?(Explain) _____

Does your child wear glasses or contact lenses? _____

Does your child have Hay fever? _____ Sinus Problems? _____

Allergies to bites/stings? _____

Other allergies including foods or medicines?(explain) _____

Is your child currently taking any medications?(Explain) _____

Does your child require any special (emergency) medications?(name and explain) _____

Does your child have any special dietary needs? _____

Please list any other information which you think is important for us to know? _____

Parent/Guardian

Signature: _____ Date ____/____/____



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Qagan Tayagungin Culture Camp 2014

General Waiver of Liability

As the Parent/Guardian of _____,

I _____ do hereby knowingly and voluntarily assume all risks, chances, and hazards relating to any personal losses or injuries which may occur during any period of time for the activity which my child is participating during Culture Camp. My child will also be required to wear appropriate safety gear (i.c. life jacket or personal floatation device) to participate in water based activities. I therefore agree to hold harmless, to defend, and indemnify QTT and its officers, agents, employees, directors and designees from any and all claims, demands, causes of action or liability or for expenses relating to injuries, accidents, disease, property damage, and/or property loss which may occur as a result of my child's participation in the Sand Point Culture Camp being sponsored by the Qagan Tayagungin Tribe and will be held at the QTT Rec Center in Sand Point, Alaska on July 14 - 24, 2014 except such claims, demands, causes of action or liability which may be directly attributed to intentional acts of agents or employees of QTT.

I understand that QTT does not provide medical insurance coverage which would cover a student's injuries or actions. It will be my responsibility to provide for payment of such expenses should they occur. I am aware of the hazards associated with participation in this camp. Knowing the risks involved in the activities that will occur during camp, I give my permission for the above listed student to participate in all scheduled activities. I also authorize any necessary emergency transportation and medical treatment to be administered to the above named student. I understand that QTT assumes no liability for such emergency transportation and medical treatment and that such costs will be my responsibility.

_____. Please initial for verification that you have read the above.

Signature of parent or Guardian

_____/_____/_____
Date