



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

CULTURE CAMP 2015
Kindergarten – 12TH GRADE APPLICATION

We are happy to inform you the annual Qagan Tayagungin Culture Camp for 2015 will be held June 22, thru July 2, 2015. We will have an all day camp for 5th thru 12th grades at the Qagan Tayagungin Tribal Community Center. Camp will begin at 9:00 a.m. and end at 5:00 p.m. each day, Monday thru Saturday the first week, and Monday thru Thursday the second week. The Kindergarten thru 4th grade times are as followed. Monday thru Saturday the first week, and Monday thru Thursday the second week,

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

This year 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.

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.

CULTURE CAMP 2015 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 2015

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.e. 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 June 22, thru July 2, 2015 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

**CULTURE CAMP 2015
PICTURE RELEASE FORM**

I grant the Qagan Tayagungin Tribe and any other entities associated with Culture Camp 2015 my consent to use any or all of the photographs and video footage taken during Culture Camp 2015 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 2015 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 2015 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.