



Qagan Tayagungin Tribe
P. O Box 447
Sand Point, AK 99661
Phone: (907)313-6400

CULTURE CAMP 2024

Kindergarten – 12TH GRADE APPLICATION

We are happy to inform you the annual Qagan Tayagungin Culture Camp for 2024 will be held July 15, thru July 25, 2024. 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.

K – 2nd grades times are 1:00 PM – 4:00 PM
3rd – 4th grades time are 9:00 AM – 12:00 PM

Camp will be held Monday July 15th thru Saturday July 20th the first week, and Monday July 22nd thru Thursday July 25th the second week.

At camp we will learn the Unangan Tunuu language and dance, continue to create more Aleut Bentwood hats, regalia, Headdresses, Masks, beading as well as tide pooling at the beach and learning how to gather and prepare traditional foods.

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) 313-6400 Office hours are Monday thru Friday, from 8:00 AM – 5:00 PM.



QAGAN TAYAGUNGIN TRIBE
 P.O. BOX 447
 SAND POINT, ALASKA 99661

CULTURE CAMP 2024

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

I, _____, give my permission for my son/daughter to attend Culture Camp 2024

NAME _____ COMMUNITY _____
First Last

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

Mailing Address: _____
 City / State: _____
 Zip Code: _____
 Telephone Number: (____) _____ - _____

Grade in 2024/2025 school year: _____

TRIBAL ENROLLEE?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	TRIBAL AFFILIATION _____
SHAREHOLDER?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	REGIONAL CORP _____

EMERGENCY CONTACT

NAME _____ RELATION TO CAMPER _____

PHONE NUMBER _____

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 12, 2024

**CULTURE CAMP 2024
PICTURE RELEASE FORM**

I grant the Qagan Tayagungin Tribe and any other entities associated with Culture Camp 2024 my consent to use any or all the photographs and video footage taken during Culture Camp 2024 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 2024 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 2024 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 2024 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 ____/____/____



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

Qagan Tayagungin Culture Camp 2024

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 July 15 - 25, 2024 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