



**May-Gay-Tolh-Kwe "A Healing Place"  
Youth Summer Day Camp 2022**

**CAMPER REGISTRATION PACKET**

United Indian Health Services, Inc. (UIHS) is proud to announce that the Annual "May-Gay-Tolh-Kwe" Youth Summer Day Camp is scheduled to be held

- June 28-30, 2022, at the Potawot Health Village in Arcata
- July 12-14, 2022, at the Elk Valley Rancheria Community Center in Crescent City
- July 19-21, 2022, at Resighini Rancheria Community Center in Klamath
- July 26-28, 2022, at Morek Won Community Center in Weitchpec

"May-Gay-Tolh-Kwe" Youth Summer Day Camp 2022 will provide a safe and positive day camp experience for American Indian youth. During day camp, youth will be introduced to local cultural traditions and have the opportunity to participate in many activities that promote and encourage healthy lifestyle choices. All activities will be based on values inherent in our American Indian community, and will include topics such as diabetes prevention, building self-esteem, recycling, nutrition, and other wellness related presentations.

Campers will meet other American Indian youth from our community and together they will experience five days of fun, healthy and educational activities. Cultural activities such as necklace making, storytelling, traditional games and more will be introduced during summer day camp. Youth will also participate in daily hikes, nature walks, and various physical activities.

All American Indian youth ages 9-17 that are registered at UIHS are eligible to participate. The summer day camp will be limited to the first 60 eligible youth who submit the camper registration packet. Registration is based on a first come first serve basis with a priority for those clients who live within the UIHS service area. All forms must be completed and delivered to any UIHS clinic site by Wednesday June 22, 2022. Incomplete or late registration packets will not be accepted.

**IMPORTANT REMINDERS:**

- \* **Parents must sign in and sign out campers every day.**
- \* **Campers can be signed in everyday between 9:30am-10:00am  
Tuesday - Thursday.**
- \* **Campers must be picked up by 3:00pm Tuesday – Thursday**

If you have any questions or need more information, please contact  
**UIHS Tribal Public Health Division** at 707-825-5070.

**Deadline to submit the Camper Registration Packet is  
Wednesday, June 22, 2022 at all UIHS Clinic Site**

United Indian Health Services, Inc.  
**May-Gay-Tolh-Kwe "A Healing Place"**  
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**IMPORTANT REMINDERS**



**What to bring:**

We are hoping for sun, but please make sure your camper is prepared for cloudy/cold weather conditions. Clothes that can be layered are the best. Write your name on all clothing.

**Please DO NOT Bring:**

IPODS, MP3 players, CD players, Gameboys, cell phones or any other electronics, money or candy. UIHS will not be responsible for any items that are lost, stolen, or damaged at summer day camp.

**Registration Packet Checklist:**

- Camper Information Form
- Parent/Guardian Consent Form
- Medical Authorization Form

**Emergency Contact Information:**

United Indian Health Services	707-825-5070
Emergency Cell Phone	707-601-9066



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**CAMPER INFORMATION**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: **Male Female**

Name of Parent/Guardian: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Message: \_\_\_\_\_

Registered UIHS Client: **Yes No** Birth Date: \_\_\_\_\_ Sweatshirt Size: \_\_\_\_\_

**You are able to participate at one camp, please circle one of the following locations where you will be able to attend day camp:**

- June 28-June 30, 2022, at the Potawot Health Village in Arcata
- July 12-14, 2022, at the Elk Valley Rancheria Community Center in Crescent City
- July 19-21, 2022, at Resighini Rancheria Community Center in Klamath
- July 24-28, 2022, at Morek Won Community Center in Weitchpec

**Camper:** Please tell us why you are interested in attending May-Gay-Tolh-Kwe Summer Day Camp:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list your experience with local American Indian culture and traditions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any sports, hobbies and other activities that you are involved with:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Camper Agreement:***

***As a camper, I agree to: attend and be on time to all functions and activities; cooperate with all staff, counselors and guest presenters; stay away from drugs, alcohol and tobacco; behave in a manner that honors my ancestors and traditions as an American Indian person.***

**Camper's Signature:** \_\_\_\_\_

United Indian Health Services, Inc.

**May-Gay-Tolh-Kwe "A Healing Place"  
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**PARENT/GUARDIAN CONSENT FORM**

I hereby give my minor child \_\_\_\_\_ permission to attend  
"May-Gay-Tolh-Kwe" Youth Summer Day Camp 2022.

**\*\*\* Note: Parent/Guardians are required to sign-in and sign-out their child each day.**

**\*\*\* All items brought to camp may be subject to search.**

**Head Lice:**

I understand that I must remain at camp with my child until he/she has been examined and cleared to be head lice/nit free. Children found to have head lice during sign-in will not be allowed to participate in camp this year. This is for the protection of all camp participants.

\_\_\_\_\_ (initial)

**Presentations:**

I understand that my child will participate in presentations that will include information about making healthy lifestyle choices, diabetes prevention, nutrition, drug, alcohol and tobacco prevention, environmental education and other health related issues. \_\_\_\_\_ (initial)

**Photographs/Video:**

I understand that my child may be photographed or participate in video documentation during camp activities. Further, I understand that these photos and videos may be used in the development of health promotion related educational materials. \_\_\_\_\_ (initial)

**Early Dismissal:**

I understand that I will be contacted to pick up my child for any illness, behavior problems, fighting and abuse of any substance such as drugs, alcohol or tobacco. UIHS will **NOT** be able to provide transportation. \_\_\_\_\_ (initial)

**Medication:**

If you child will require medication during summer day camp, please provide the following information:

<i>Type of Medication</i>	<i>Dose Amount / Frequency</i>	<i>Special Instructions</i>
_____	_____	_____
_____	_____	_____

**\*\*\*NOTE: All medications must be provided to camp staff during the sign-in process. Medications will be safely and properly stored and will be dispensed by camp staff to the minor child as required.**

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

## MEDICAL AUTHORIZATION FOR TREATMENT OF A MINOR

I hereby authorize United Indian Health Services, Inc., as an agent for the undersigned to consent to any x-ray examination, anesthetics, medical, surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provision of the Medical Practices Act or the medical staff of any hospital whether such diagnosis or treatment is rendered at the office of said physician or at the said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent or agents to give specific consent to any and all such diagnosis, treatment or hospital care which aforementioned physician in the exercise of his/her best judgment may deem advisable.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. I hereby authorize any hospital which has provided treatment to the above named minor pursuant to the provisions of Section 25.8 of the Civil Code of California to surrender physical custody of such minor to the above named agent upon completion of treatment. This authorization is given pursuant to Section 1283 of the Health and Safety code of California.

These authorizations shall remain effective through July 30, 2022 unless sooner revoked in writing and delivered to said agent.

Minor Child's Name: \_\_\_\_\_

Parent/Guardian (print) \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_



### Medical History

Minor Child's Doctor:

Chronic Illness:

Medical Conditions:

Food/Medicine Allergies:

Last Tetanus:

### Insurance Information

Insured's Name:

Name of Policy:

Policy Number: