



# Sierra Native Alliance

Hedem kawina'n ka'nte'm tawaltoto

P.O. Box 6346 ~ Auburn, CA 95604

## **SNA Summer Campout- PARENT/GUARDIAN CONSENT FORM LIABILITY WAIVER**

Parent/Guardian: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

Youth's name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ M F

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Youth's name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ M F

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**Note: Youth 12- 17 must provide signed Parent/Guardian Consent Form.**

I, \_\_\_\_\_ grant permission for my child/ children named above to:  
(parent/guardian name)

Participate in **Sierra Native Alliance (SNA) Summer Youth Camp, June 13<sup>th</sup>- 16<sup>th</sup> in Nevada City, California.** This event, sponsored by SNA includes Native Wellness workshops, youth cultural activities, free group camping and meals from 12pm June 13<sup>th</sup> to 12pm June 16<sup>th</sup>, 2016.

**Location: Camp Gold Hollow** 17183 Lake Vera Purdon Rd Nevada City, CA 95959-9417

**Time of Departure/Return:** Car-pooling/Transported from SNA, meet at 610 Auburn Ravine Road in Auburn, June 13<sup>th</sup> by 10:30am, load vehicles and leave by 11:00am. Arrive at Camp Gold Hollow at 12:00pm. Depart Gold Hollow camp June 16<sup>th</sup> at 11am and return to SNA by 12pm.

**Contact for Camp:** Please contact: Abby Stone (530) 888-8767. Send completed registrations to: [events@sierranativealliance.org](mailto:events@sierranativealliance.org)

**Transportation:** Participants and parents/guardians will provide transportation unless special arrangements are made. For car pool information and assistance with transportation and/or camping gear, please call Abby Stone (530) 888-8767. **Facilities:** Campground includes a lake with swimming and fishing access, craft areas, Group meeting place with fire pit, male/female restrooms with showers, tent camping, and group meals provided by SNA in Group area.

**THIS IS A DRUG, Tobacco AND ALCOHOL FREE EVENT**

**MEDICAL MATTERS:** I hereby certify that to the best of my knowledge, my child/children are in good health, and I assume all responsibility for the health of my child. **Sign only those that apply:**

**Emergency Medical Treatment:** In the event of an emergency, I hereby give permission to transport my child/children to a hospital or emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency if, you are unable to reach me at the above numbers, contact:

Emergency contact \_\_\_\_\_ Relationship \_\_\_\_\_

Phone: \_\_\_\_\_ Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Family health plan carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

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

**Medications:** My child/children is taking medication at present. Yes \_\_\_ No \_\_\_

**If Yes:** My child/children will bring all such medications necessary, and such medications will be well labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows:

Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_

Allergies (Please List): \_\_\_\_\_

I hereby grant permission for non-prescription medication (such as aspirin, throat lozenges, cough syrup, sun block, rash/poison oak ointments) to be given to my child/children, if needed:

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

**Specific Medical Information:** The SNA will take reasonable care to see that the following information be held in confidence. Allergic reactions (medications, foods, plants, insects, etc):

**Indemnity and Waiver of Claim:** I, the undersigned, \_\_\_\_\_ the Parent / Lawful Guardian, hereby acknowledge that as a condition of my youth participating in the activity, agree to indemnify and hold harmless the Sierra Native Alliance, its employees and volunteers, and its governing board, from any liability, lawsuit, cost, expense or claim of any type whatsoever (including legal fees) for any harm, injury or death arising out of the above mentioned activity. **Please fill out a separate medications sheet if 1 or more child/children are currently taking medication.**

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

**Photo release:** I hereby authorize Sierra Native Alliance to publish the photographs taken of my child at this event that may be used for SNA's printed publications and website.

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

Please check here \_\_\_ if you **do not want** pictures taken of your child/family members.

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