



# GLOBAL INDIGENOUS YOUTH SUMMIT REGISTRATION FORM



## PARTICIPANT INFORMATION

Participant First & Last Name:		Pronouns:
Birth Date:		Gender Identity:
Mailing Address:		
Phone Number:	Email:	Tshirt Size: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL

## EMERGENCY CONTACT INFORMATION

Primary Contact:	Secondary Contact Name:
Phone #:	Phone #:
Mailing Address:	Mailing Address:
Email Address:	Email Address:
Relationship to Camper:	Relationship to Camper:
The following people can pick up my camper:	

## HEALTH INFORMATION

All information provided is private and confidential.

### Health History:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> ADHD/ADD             | <input type="checkbox"/> Back/Joint Pain        | <input type="checkbox"/> Learning Disability      |
| <input type="checkbox"/> Heart Defect/Disease | <input type="checkbox"/> Hearing Impairment     | <input type="checkbox"/> Sleepwalking             |
| <input type="checkbox"/> Convulsions/Seizures | <input type="checkbox"/> Anorexia               | <input type="checkbox"/> Surgery                  |
| <input type="checkbox"/> Headaches            | <input type="checkbox"/> Cerebral palsy         | <input type="checkbox"/> Chronic Illness          |
| <input type="checkbox"/> Diabetes             | <input type="checkbox"/> Down's Syndrome        | <input type="checkbox"/> Recent Illness           |
| <input type="checkbox"/> Autism               | <input type="checkbox"/> PMS/Menstrual Problems | <input type="checkbox"/> Hospitalization          |
| <input type="checkbox"/> Heart Murmur         | <input type="checkbox"/> Fainting/Dizziness     | <input type="checkbox"/> <b>NONE OF THE ABOVE</b> |

### Allergies:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Lactose Intolerant | <input type="checkbox"/> Asthma            | <input type="checkbox"/> Food: _____         |
| <input type="checkbox"/> Insect Stings      | <input type="checkbox"/> Latex             | <input type="checkbox"/> Other: _____        |
| <input type="checkbox"/> Penicillin         | <input type="checkbox"/> Medication: _____ | <input type="checkbox"/> <b>NO ALLERGIES</b> |

### Dietary Restrictions:

- |                                     |  |   |
|-------------------------------------|--|---|
| <input type="checkbox"/> Dairy      | <input type="checkbox"/> Gluten          | <input type="checkbox"/> Shellfish/Fish         |
| <input type="checkbox"/> Vegetarian | <input type="checkbox"/> Nut Allergies   | <input type="checkbox"/> Other: _____           |
| <input type="checkbox"/> Vegan      | <input type="checkbox"/> Fruit Allergies | <input type="checkbox"/> <b>NO RESTRICTIONS</b> |

## MEDICATIONS

Please list ALL medications (including over-the-counter or nonprescription drugs) taken routinely. Bring enough medications to last the entire summit. Keep them in the original bottle/packaging that identifies the name of the participant, the name of the medication, the dosage, and frequency of administration.

Medication Name: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time Taken Each Day: \_\_\_\_\_  
 Medication Name: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time Taken Each Day: \_\_\_\_\_

I take **NO** medication

I may take over-the-counter medications if needed while at the summit:  Yes  No

## RELEASE

---

INITIAL each statement to show you have read and agree.

\_\_\_ I certify that the participant is capable of safe participation in all summit activities. If the participant has any conditions that would limit participation, they will show written proof of physician's authorizations to participate in activities.

\_\_\_ I give permission for the participant's photo, video image and/or name to be used in promotional literature including, but not limited to: brochures, websites, links, pamphlets, and newspaper.

\_\_\_ I give permission for the participants experience at the summit to be evaluated via survey, testimonials, or other means so that the Sioux YMCA and the Summit can be the best it can be year after year.

\_\_\_ I give permission for the Sioux YMCA staff to provide or obtain medical attention for the participant in the event of sickness or injury and I understand accident insurance is not included in participant fees. Should a participant require medical attention, prescription, or hospital care during the summit, all expenses will be the responsibility of the participant.

\_\_\_ In the event that a parent/guardian (if necessary) cannot be reached in an emergency, I hereby give permission for my child to be treated at IHS, the Family Health Center in Eagle Butte.

\_\_\_ I understand, accept and assume full responsibility for all risk of bodily injury, accident, illness or death involved in the Summit. I agree to indemnify the Sioux YMCA staff, volunteers, Board of Directors, and all leaders and instructors of the summit from any and all injury, which might occur during participation at the summit.

\_\_\_ Possession or use of tobacco, alcohol, illegal drugs or weapons are prohibited. We reserve the right to search property at any time without notice. If suspicious arises that a weapon or illegal substance is present on camp, law enforcement will be notified. Violators will be dismissed without refund.

\_\_\_ We promote Honesty, Caring, Respect and Responsibility. Should my camper's behavior affect our work or the safety of other campers, we reserve the right to dismiss without refund those responsible.

## OTHER INFORMATION

---

**Would you like to be considered for financial aid? (A member of the Sioux YMCA Staff team will reach out after receiving this form)**

\_\_\_ Yes, I would like to be considered for financial aid.

\_\_\_ No, thank you.

**Will you require linens? (Includes towel, bedding, and pillow)**

\_\_\_ Yes, I will pay the additional \$15.

\_\_\_ No, I am bringing my own.

### PAYMENT INFORMATION

**The cost of attending the Global Indigenous Youth Summit is \$300.**

#### METHOD OF PAYMENT

Amount of Payment: \$300

Check #: \_\_\_\_\_ (Made out to the Sioux YMCA)

Credit Card:  Mastercard  Visa

Card #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

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

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian (if applicable) : \_\_\_\_\_