

National Indian  
Health Board



## **2014 NATIVE YOUTH HEALTH SUMMIT**

*Empowering Native Youth... for the Health of It*

**YOUTH & ADULT CHAPERONE  
APPLICATION FORMS**

**National Indian Health Board**  
**2014 Native Youth Health Summit**  
*Empowering Native Youth... for the Health of It*  
September 4-9, 2014

**OVERVIEW**

The National Indian Health Board (NIHB) invites you to join the annual Native Youth Health Summit to engage and involve Native youth in the discussion of American Indian and Alaska Native health and wellness. This year's Summit will feature a series of workshops that will guide youth to create digital stories that highlight their own experiences and thoughts on Native health, as well as educational panels, and fitness activities. The digital stories will then be featured at the Native Youth Film Festival held on Monday, September 8th following the Annual Consumer Conference opening reception.

**Where:** Navajo Nation, Window Rock, Arizona & Albuquerque, New Mexico  
**When:** September 4-9, 2014  
**Who:** 25-30 dynamic Native youth (and their adult chaperones)  
**Theme:** Empowering Native Youth... for the Health of It

This Summit will feature many exciting events, including:

- Workshops to create personal digital stories
- A series of fitness activities that will get youth 'up and moving'
- Health education and prevention workshops on diabetes, suicide, and other critical health issues
- Opportunity to listen and learn from notable speakers
- Native Youth Film Festival featuring Digital Stories created by Summit participants

This is a wonderful opportunity for you and your friends to learn some skills and resources to elevate the voice of Native youth, hone your own advocacy activities, and meet other youth from across Indian Country who are as dedicated and committed as you are.

The Native Youth Health Summit is a sanctioned pre-conference event for the National Indian Health Board's 2014 Annual Consumer Conference (ACC). The 2014 ACC is also hosted by the Navajo Nation and will take place September 8-11, in Albuquerque, New Mexico. The Youth Summit attendees will be featured during the Native Youth Film Festival as part of the opening activities on the first day of the ACC (where the Conference attendees will witness the hard work and dedication of the Summit attendees when they view the digital stories created during the Summit).

**GOAL AND OBJECTIVES**

The vision for this Summit represents a component of NIHB's larger youth-oriented agenda, and is to develop a generation of empowered Native youth with the capacity to discuss health in Indian Country. The goal is provide tools and resources to American Indian and Alaska Native youth to discuss health disparities impacting their communities. Underneath the goal, NIHB has created the following objectives for the Summit.

- To raise the knowledge of participants of health disparities facing American Indian and Alaska Native youth
- To increase the skills of participants to discuss health disparities impacting their community

- To increase the skill of participants to create digital stories that explain health and wellness through their own words and experiences
- To increase the intention of youth participants to engage in health promotion and preservation activities within their own communities.

NIHB is working with several collaborators and partners to ensure that this year’s Native Youth Health Summit is the best one to date. The Summit is being hosted by the Navajo Nation, and the Healthy Native Communities Partnerships, Inc. will lead all workshops to develop the digital stories.

**WHO SHOULD APPLY TO ATTEND?**

American Indian/Alaska Native youth in 9th-12th grade by the autumn of 2014 who want to actively work for the improvement of Native health and wellness.

**REGISTRATION FEES**

NIHB is making this event free for youth and chaperones to attend. NIHB is seeking sponsorships and Tribal support to assist with covering the expenses that are involved in conducting a multi-day event such as this.

**TRAVEL**

All attendees of the 2014 Native Youth Health Summit are responsible for paying for their own travel expenses (including airfare, ground transportation, and food expenses). NIHB encourages youth to seek out the sponsorship of their Tribes or their local Area Indian Health Board to support travel expenses. NIHB will provide lodging in Gallup and Albuquerque, New Mexico from September 4-9, and will provide transportation between the hotel and Summit activities, as well as from Gallup to Albuquerque on September 8<sup>th</sup>. Some meals will be provided during the Summit, and NIHB will work with all attendees to ensure that they have a complete agenda that details which meals will be provided.

**ACCOMODATIONS**

NIHB will make hotel reservations for all Youth attendees and their attendees at a hotel in Gallup, New Mexico, September 4-8, and in Albuquerque, New Mexico for the night of September 8th. Youth and chaperones should plan on sharing rooms, and due to the limited number of rooms available, NIHB may have to place attendees into hotel rooms with other groups.

La Quinta Inn  
 Gallup, New Mexico  
 (505) 722-2233

Hyatt Regency Albuquerque  
 Albuquerque, NM  
 (505) 842-1234

**CHAPERONES**

Each Tribal youth under the age of 18 need to be accompanied by an adult chaperone. A single adult may serve as a chaperone for more than one youth. Chaperones do not need to apply, but NIHB will need to know that chaperones have been secured before a youth is permitted to travel to attend the Summit. Chaperones will need to complete some of the forms included in the application packet as well to submit with the youth’s completed application.

**MEALS**

Some meals will be provided during the Summit, and a breakfast is provided for free each morning by the hotel in Gallup, New Mexico. Outside of the provided meals, youth and chaperones will be responsible for paying for their own food and meals. NIHB will work with all attendees to ensure that they have a complete agenda that details which meals will be provided.

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**2014 Native Youth Health Summit**  
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 September 4-9, 2014

**DRAFT AGENDA**

*The agenda is still in draft format and agenda items and times are still subject to change, but NIHB wanted to provide this to all applicants to help inform their decisions and planning. All accepted applicants will receive a finalized agenda prior to the Summit in September.*

<b>Thursday, September 4, 2014</b>
<b>6:00pm – 7:30pm</b>
<b>Welcome Dinner</b>
<b>7:30pm – 8:00pm</b>
<b>Review the Agenda for the week</b>

<b>Friday, September 5, 2014</b>
<b>7:00am</b>
<b>Morning Run (optional)</b>
<b>8:15am</b>
<b>Transport to Site</b>
<b>8:30am – 10:00am</b>
<b>Welcome, Introductions, Ice Breaker</b>
<b>10:00am – 10:15am</b>
<b>Break</b>
<b>10:15am – 12:00pm</b>
<b>Building a Context for Youth Stories: Educational Panel on Public Health</b>
<b>12:00pm – 1:00pm</b>
<b>Lunch</b>
<b>1:00pm – 3:00pm</b>
<b>Why Digital Stories? &amp; Story Circles</b>
<b>3:00pm – 3:15pm</b>
<b>Break</b>
<b>3:15pm – 4:15pm</b>
<b>Script Writing &amp; Storyboarding</b>
<b>4:15pm – 5:15pm</b>
<b>MovieMaker &amp; iMovie Tutorial</b>
<b>5:15pm – 5:30pm</b>
<b>Closing and Adjourn for the Day</b>

**Saturday, September 6, 2014**

7:00am

Morning Run (optional)

8:15am

Transport and Line Up for Navajo Nation Fair Parade

9:00am – 12:00pm

Navajo Nation Fair Parade

12:00pm – 1:00pm

Lunch (on own)

1:00pm – 2:15pm

Narration Workshop

2:15pm – 2:30pm

Break

2:30pm – 4:30pm

Movie Maker &amp; iMovie II Tutorial

4:30pm – 5:00pm

Closing and Adjourn for the Day

**Sunday, September 7, 2014**

7:30am

Transport to the 5K Run/Walk

8:00am – 9:15am

5K Fun Run/Walk

9:30am

Transport to the Hotel

10:30am

Transport to the Site

10:45am – 12:00pm

Fitness and Wellness Presentation – TO BE DETERMIND

12:00pm – 1:00pm

Lunch

1:00pm – 2:30pm

Sync Narration/Final Movie Session

2:30pm – 2:45pm

Break

2:45pm – 4:45pm

Sync Narration &amp; Final Editing

4:45pm – 5:00pm

Closing and Adjourn for the Day

5:00pm – 7:00pm

Dinner (on own)

7:00pm – 9:00pm

Evening Activity – TO BE DETERMINED

**Monday, September 8, 2014**

7:00am

Morning Run (optional)

<b>9:00am</b>
<b>Check out of Hotel and Transport to the Site</b>
<b>9:15am – 10:30am</b>
<b>Final Editing &amp; Continued Project Work</b>
<b>10:30am – 10:45am</b>
<b>Break</b>
<b>10:45am – 12:00pm</b>
<b>Final Editing &amp; Continued Project Work</b>
<b>12:00pm – 1:30pm</b>
<b>Lunch and Digital Story Screening</b>
<b>1:30pm – 4:30pm</b>
<b>Travel to Albuquerque</b>
<b>4:30pm</b>
<b>Check into Hyatt Regency, Albuquerque</b>
<b>4:30pm – 6:30pm</b>
<b>Dinner (on own) and Get Ready for the Film Festival</b>
<b>6:30pm – 8:30pm</b>
<b>Youth Film Festival</b>
<b>8:45pm – 10:45pm</b>
<b>After Party – TO BE DETERMINED</b>

**Tuesday, September 9, 2014**  
**Attendees Travel Home**

**National Indian Health Board**  
**2014 Native Youth Health Summit**  
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September 4-9, 2014

**APPLICATION**

NIHB is respectfully asking all youth interested in participating in the Youth Summit to complete the enclosed forms as part of an application process. Due to limited number of space and resources, participation this year is limited to 25-30 youth. So the application will be a competitive process, and responses to the questions contained in these forms will serve as a guide for evaluating youth applicants. NIHB would like to ensure that this event truly garners the national representation it deserves, and so NIHB would like to see youth participation from all Areas. Final attendees will be selected by NIHB staff and board, as well as representatives from the Navajo Nation host planning committee.

**SUBMISSION**

Please be sure that all documents that require youth, parents/guardian, and/or adult chaperone signature are signed. Forms without signatures will be considered incomplete and will not be considered in the final review. All forms must be submitted together at one time (so the youth cannot send in their pieces and the chaperones then complete and send in their pieces separately).

The following forms should be completed and included in your final application package:

- Youth Information & Purpose Statement (for all youth)
- Youth Release Form (for all youth)
- Youth Guidelines & Agreement Form (for all youth)
- Adult Chaperone Release Form (for each adult)
- Lead Adult Chaperone Guidelines & Agreement Form (for the lead chaperone only)

Please return completed forms by July 20, 2014, 5:00pm Eastern Daylight Time by mail, fax or e-mail to the following person (applications must be postmarked by July 20th to be considered):

National Indian Health Board  
Attn: Jordan Marie Daniel  
926 Pennsylvania Ave, SE  
Washington, DC 20003

Email: [jdaniel@nihb.org](mailto:jdaniel@nihb.org)

*OR*

Fax: Attn: Jordan Daniel  
(202) 507-4071

**TIMELINE**

- Release the Application: July 1<sup>st</sup>
- Applications due to NIHB: July 31<sup>th</sup>
- Applicants notified of application status: August 5<sup>th</sup>

**QUESTIONS**

Should you have any questions regarding the Youth Summit, please contact Robert Foley at [rfoley@nihb.org](mailto:rfoley@nihb.org), or (202) 355-5494.

**National Indian Health Board**  
**2014 Native Youth Health Summit**  
*Empowering Native Youth... for the Health of It*  
September 4-9, 2014

**YOUTH INFORMATION & PURPOSE STATEMENT**

**Contact and Demographic Information**

Name: \_\_\_\_\_

Tribal Affiliation: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Age: \_\_\_\_\_ Grade in School: \_\_\_\_\_

Primary Interests/Hobbies: \_\_\_\_\_

\_\_\_\_\_

**Emergency Contact Information**

Name: \_\_\_\_\_

Relationship to Youth Applicant: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Alternate Phone Number: \_\_\_\_\_

**Special Instructions**

Special Needs Request (disability or special accommodations, please explain: \_\_\_\_\_)

\_\_\_\_\_ )

Dietary Restrictions (please explain: \_\_\_\_\_)

\_\_\_\_\_ )



## Short Essay Questions

Please respond to the following questions. Each answer should only be 250 words or less. There is no right or wrong answer – we are just looking to gain some insight into your perspective on health and wellness. This serves as a way for NIHB to get to know our applicants better. Feel free to attach additional pages as needed.

1. What health issues are confronting Native youth in your community today?
2. Describe a time when you, your friends, or your family were impacted by a significant health issue.
3. What changes would you like to see in your community? With unlimited resources, how could you make your community better?

## Signatures

*Please sign the completed application below, and have a parent or guardian sign as well.*

**Youth Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

**National Indian Health Board**  
**2014 Native Youth Health Summit**  
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September 4-9, 2014

**YOUTH GUIDELINES & AGREEMENT FORM**

*To ensure the health, safety, and welfare of all participants and to maintain the full-participation and an orderly and enjoyable experience for everyone, all youth attendees must read, sign, and adhere to the guidelines provided, as part of their application.*

I, \_\_\_\_\_, understand and agree that:

1. Smoking, alcohol, illegal drugs, illicit drug use, weapons, bullying, harassment, fighting, or any other inappropriate and/or disruptive behavior (including but not limited to: loud talking, yelling, vulgarity, profanity, horseplay, or any other derogatory behavior) are not allowed during the National Indian Health Board (“NIHB”) Native Youth Health Summit (“Summit”). I agree to refrain from the listed activities and acknowledge that if I am caught participating in any of these activities or in possession of the mentioned items, I will lose all privileges to attend the Summit and my chaperone will be responsible for arranging transportation for me off of the premises. I acknowledge that if any NIHB staff or Summit volunteer has a reasonable suspicion that I possess any of the prohibited items, NIHB staff and Summit volunteers have the right to perform a search of me and my belongings. If I refuse to allow a search, it will be treated as if I was found to be in possession of the prohibited item(s).
2. I agree to refrain from using any electronic devices (cell phones, tablets, MP3 players, handheld games, or any other devices) during Summit activities. If I fail to follow this guideline, the items will be taken away and returned at the end of the day. Proper security for confiscated items will be provided, but Summit volunteers and NIHB staff are not responsible for lost or damaged items.
3. I agree to dress in a manner appropriate and acceptable to the nature of the Native Youth Health Summit. I will not dress in any way that may cause distraction, disruptions, or conflicts amongst other attendees. I understand that hats of any kind, bandanas, or any type of clothing bearing gang or offensive language or symbolism may not be worn during my Summit attendance.
4. I agree to not wander away from the Summit premises during scheduled activities.
5. I understand, if I am found to have committed thefts or caused damages during the Summit, my parents could be held liable for my actions.
6. I agree to report promptly to all activities and events held throughout the Summit, and contribute as a meaningful and active participant.
7. I understand if I violate any of the guidelines during my participation in the Native Youth Health Summit activities, my chaperone or parent/guardian may be notified, and that that NIHB reserves the right to revoke my participation privileges if my behavior or actions are not supportive of the overall nature and goals of the Native Youth Health Summit.

By signing the agreement, I agree to uphold the standards set forth in this agreement and take responsibility for my participation and actions.

**Youth Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**National Indian Health Board**  
**2014 Native Youth Health Summit**  
*Empowering Native Youth... for the Health of It*  
September 4-9, 2014

**LEAD ADULT CHAPERONE GUIDELINES & AGREEMENT FORM**

*Each youth must be accompanied by a chaperone, or a single chaperone can be designated for each Tribal or Area contingent. The Adult/Chaperone Guidelines & Agreement Form must be completed by each chaperone attending. Chaperones planning to travel with more than one youth (as an Area or Tribal chaperone) may complete one agreement and include it with the application materials for more than one youth, or submit all youth applications at the same time with the corresponding adult chaperone agreement. If more than one chaperone is traveling with a group of youth, then one adult needs to be designated the lead chaperone and needs to complete and sign this form.*

**I, \_\_\_\_\_, understand and agree that:**

1. All registration forms and emergency information for each youth are completed and returned for participation in the National Indian Health Board (“NIHB”) Native Youth Health Summit (“Summit”).
2. Alcohol, illegal drugs, illicit drug use, weapons, bullying, harassment, fighting, or any other inappropriate and/or disruptive behavior (including but not limited to: loud talking, yelling, vulgarity, profanity, horseplay, or any other derogatory behavior) are not allowed during the Summit. I agree to refrain from the listed activities and acknowledge that if I am caught participating in any of these activities or in possession of the mentioned items, I will lose all privileges to attend the Summit and may be asked to vacate the premises and make arrangements for another chaperone to assume your responsibilities.
3. It is my responsibility to assist in supporting and monitoring the behavior of youth for which I am chaperoning and shall willingly help to enforce the youth guidelines and agreements.
4. I shall remain in consistent contact with the youth for which I am chaperoning throughout the Summit to ensure students are attending scheduled Native Youth Health Summit workshops, activities, and meals.
5. During times when there are no scheduled activities, I retain responsibility for the youth for which I am chaperoning to ensure proper behavior (which includes, but is not limited to: ensuring that they abide by hotel rules, eat a proper meal, and are ready to attend the Summit activities on time and in a presentable fashion)
6. In the event that I am called away from the Summit or required to leave due to an illness or other unforeseen circumstances, I will assist in making arrangements for another representative from the respective group to serve as chaperone and assume the duties for the assigned youth.
7. I understand NIHB staff members/volunteers attending the Native Youth Health Summit will monitor my responsibilities as a chaperone. I will do my best to help ensure the success of the Native Youth Health Summit.

8. I agree to remain with the youth throughout the Summit, including during their attendance in digital storytelling workshops and education sessions. I will be present to facilitate and assist with their participation in the Summit activities.
9. Adult Chaperones are encouraged to create their own digital story during the Summit.
10. If the youth are provided per diem monies to pay for food during the trip, I shall monitor their spending to ensure that they do not run out of money for food before the end of the trip.
11. I will refrain from using cell phones, lap tops, tablets, and cell phones in the presence of youth throughout Summit activities, as these can be distracting for the youth.
12. I will assist in the case of any emergency to contact the youth's emergency contacts.
13. I will travel with the youth(s) to and from the Summit in Arizona and New Mexico and ensure that the youth(s) behave appropriately during travel.
14. If any youth within my group is currently taking medication prescribed by a physician, I will help to ensure that the youth is properly taking the medication at the proper times of day.
15. If there are more than one chaperone attending the Summit to support the participation of the youth, then I, as a lead chaperone, will monitor the behaviors of the other chaperones in my group and ensure that they abide by these agreements.
16. As the lead chaperone, I will serve as the singular point of contact for all communication with NIHB staff regarding the Summit. I shall do my best to response to communication promptly and accurately.

By signing below, I agree to uphold the standards set forth in this agreement and take responsibility for the youth for which I am assigned.

**Lead Chaperone Name (Print):** \_\_\_\_\_

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

**E-mail:** \_\_\_\_\_

**Cell Phone Number:** \_\_\_\_\_

**Additional Group Chaperones:**

**Name (Print):** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Name (Print):** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**National Indian Health Board**  
**2014 Native Youth Health Summit**  
*Empowering Native Youth... for the Health of It*  
September 4-9, 2014

**YOUTH RELEASE FORM**  
**Participant Release, Indemnity, and Assumption of Risk Statement**

This Release, Indemnity, and Assumption of Risk statement covers all activities, events, sessions, meals, occurrences, participation, observation, and travel between activities, associated with the National Indian Health Board (“NIHB”) 2014 Native Youth Health Summit, September 4-9, 2014.

I hereby give permission for my child to participate in the Native Youth Health Summit. For my child, I agree to assume the risk of any events associated with my child’s participation, observation, or other activities at the conference that may result in any harm, injury, illness, damage or loss to my child. I hereby release, waive, and hold harmless NIHB, Healthy Native Communities Partnership, or other organizations involved in the conference or any of these organizations agents, personnel or volunteers from any claims, liability, or responsibility for any such injury, illness, damage or loss. I understand the Native Youth Health Summit and other activities associated with the Native Youth Summit are voluntary, and I agree to accept the responsibility for my child’s personal safety.

I consent to the provision of emergency medical treatment for my child to the extent the treatment is necessary in the medical opinion of the doctor rendering the treatment. If I have any concerns about my child’s ability to participate in any event or activity associated with the Native Youth Summit, I agree to discuss my concerns with my child’s physician before signing this form.

**Medical Information**

Hospital/Clinic Preference: \_\_\_\_\_

Physician’s Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company (if any): \_\_\_\_\_

Insurance Plan Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Allergies/Other Special Health Considerations: \_\_\_\_\_

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Current medications: \_\_\_\_\_

**Legal Guardian’s Name (Print):** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

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

**Phone:** \_\_\_\_\_

**National Indian Health Board**  
**2014 Native Youth Health Summit**  
*Empowering Native Youth... for the Health of It*  
September 4-9, 2014

**ADULT CHAPERONE RELEASE FORM**  
**Participant Release, Indemnity, and Assumption of Risk Statement**

*Each adult chaperone attending the Summit needs to sign a release form*

This Release, Indemnity, and Assumption of Risk statement covers all activities, events, sessions, meals, occurrences, participation, observation, and travel between activities, associated with the National Indian Health Board (“NIHB”) 2014 Native Youth Health Summit, September 4-9, 2014.

I agree to assume the risk of any events associated with my participation, observation or other activities at the conference that may result in any harm, injury, illness, damage or loss to me. I hereby release, waive, and hold harmless NIHB, Healthy Native Communities Partnership or other organizations involved in the conference or any of these organizations agents, personnel or volunteers. I understand the Native Youth Health Summit and other activities associated with the Native Youth Summit are voluntary, and I agree to accept the responsibility for my personal safety.

I consent to the provision of emergency medical treatment for myself to the extent the treatment is necessary in the medical opinion of the doctor rendering the treatment. If I have any concerns about my own ability to participate in any event or activity associated with the Native Youth Health Summit, I agree to discuss my own concerns with my own physician before signing this form.

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

**Phone:** \_\_\_\_\_

**National Indian Health Board**  
**2014 Native Youth Health Summit**  
*Empowering Native Youth... for the Health of It*  
September 4-9, 2014

**PHOTO & VIDEO RELEASE FORM**

*This form needs to be completed by a parent or legal guardian for each youth applying to attend the Native Youth Health Summit and each adult chaperone.*

I hereby authorize the National Indian Health Board (“NIHB”) and Healthy Native Communities Partnership, Inc. (“HNCP) to publish the photographs and/or videos taken of me and/or the undersigned minor child(ren), and our names, for use in the NIHB’s and HNCP’s printed publications, websites, presentation materials or other appropriate products created to highlight the work of the respective organization. I hereby assign all rights, title, and interest in and to any photographs or videos taken of me and/or the undersigned minor child(ren) to the National Indian Health Board.

I release the National Indian Health Board and Healthy Native Communities Partnership, Inc. from any expectation of confidentiality for the undersigned minor child(ren) and myself and attest that I am the parent or legal guardian of the child(ren) listed below and that I have the authority to authorize the organizations to use my or my child(ren)’s photographs and names.

I acknowledge that since participation in publications, websites, or developed materials produced by NIHB and HNCP is voluntary, neither the minor child(ren) nor I will be entitled to receive financial compensation from the use of our names and images.

I release, waive, and hold harmless the National Indian Health Board and Healthy Native Communities Partnership, Inc., its officers, trustees, and employees from liability for any claims, causes of action, damages, or loss (including attorney’s fees) by me or any third party in connection with the use of the names and photos and/or videos of my child(ren) or me.

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**Please List All Minor Children Applying to Attend the Native Youth Health Summit Below:**

<b>Name</b>	<b>Age</b>
_____	_____
_____	_____

**Legal Guardian’s Name (Print):** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Legal Guardian’s Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**Adult Chaperone Name (Print):** \_\_\_\_\_

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