

## Tuba City NativeVision Running and Volleyball Camp

The Tuba City NativeVision Year-Round Program in partnership with Tuba City High School is hosting a FREE Running and Volleyball Camp. We are excited to announce that the TCHS Volleyball and Cross Country teams will be conducting the sports clinics.

**WHO: Youth ages 8-18**

**WHEN: Friday, May 26, 2017 from 8:30am - 4:00pm DST**

**WHERE: Tuba City High School** (*check-in at the cafeteria entrance*)

The NativeVision Camp will provide the first 80 registered youth the opportunity to join the running or volleyball clinic. Players of all abilities, regardless of experience, are welcome to participate. Campers will also participate in life skill workshops.

\*Registration is on a first come, first serve basis. There are 40 spots for Running and 40 spots for Volleyball. Lunch will be provided.

Please ensure youth come to camp with appropriate sports attire (t-shirt, shorts, and athletic shoes). Youth will be provided with water.

For more information or to register please contact the Tuba City NativeVision Team by phone at (928) 283-8221 or stop by our office at 327 Loloma Street (Trailer park behind McDonald's).

**Return COMPLETED FORMS by:**

- Email: [otruijil2@jhu.edu](mailto:otruijil2@jhu.edu)

- Fax: (928) 283-5985

-At our office located at:

327 Loloma Street, Tuba City, AZ

OR

Register online: at [www.nativevision.org](http://www.nativevision.org)

*For Questions or information please contact:*

**Olivia Trujillo at (480) 276-2768 or Corey Hemstreet at (928) 283-8221**

**NATIVEVISION RUNNING AND VOLLEYBALL CAMP  
REGISTRATION, MEDICAL AND MEDIA RELEASE FORM**

**STUDENT INFORMATION:**

STUDENT'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
SCHOOL (SY16-17): \_\_\_\_\_ GRADE: \_\_\_\_\_ GENDER: \_\_\_\_\_  
TRIBAL AFFILIATION (*if applicable*): \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE \_\_\_\_\_  
PHYSICAL ADDRESS \_\_\_\_\_  
STUDENT'S T-SHIRT SIZE: Youth- M L XL      Adult- S M L XL XXL

**STUDENT WILL PARTICIPATE IN: *PLEASE CIRCLE ONLY ONE***

**RUNNING**

**VOLLEYBALL**

**PARENT/ GUARDIAN INFORMATION:**

FULL NAME: \_\_\_\_\_ RELATION: \_\_\_\_\_

CELL PHONE NUMBER: \_\_\_\_\_ WORK NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

FULL NAME: \_\_\_\_\_ RELATION: \_\_\_\_\_

CELL PHONE NUMBER: \_\_\_\_\_ WORK NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**EMERGENCY CONTACTS: *OTHER THAN THOSE LISTED ABOVE***

*In the event the parents/guardians cannot be reached, the NativeVision Program will call the people listed below. People listed should be individuals who can: 1) Give permission to administer health care; 2) Pick up your child if your child is ill; 3) Give advice about caring for your child.*

NAME: \_\_\_\_\_ RELATION: \_\_\_\_\_

HOME: \_\_\_\_\_ WORK: \_\_\_\_\_ CELL: \_\_\_\_\_

**HEALTH INFORMATION:**

ALLERGIES: \_\_\_\_\_

MEDICATION(S): \_\_\_\_\_

OTHER MEDICAL CONDITIONS: \_\_\_\_\_

PARTICIPANT'S DOCTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

MEDICAL INSURANCE COMPANY: \_\_\_\_\_

PHONE: \_\_\_\_\_ POLICY HOLDERS NAME: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_

**PARENTAL APPROVAL, MEDICAL AND MEDIA RELEASE**

Recognizing the possibility of physical injury associated with the NativeVision Running and Volleyball Camp, I hereby release, discharge, and/or otherwise indemnify the NativeVision Running and Volleyball Camp and its staff, its affiliated sponsors, including the owners of the school and facilities utilized for the program against any claim by or on behalf of my child as a result of the child's participation in the NativeVision Running and Volleyball Camp and/or while being transported to or from the Running and Volleyball Camp, which transportation I hereby authorize.

I understand that surveys may be used to gather feedback about the program and my child's thoughts and behaviors. I give my consent for my child to fill out a survey at the beginning and end of the program regarding his/her thoughts about health, nutrition, education and vision for the future. I understand that his/her input will help Johns Hopkins Center for American Indian Health to further develop programs to support American Indian education and well-being.

I give permission for you to contact my child in the future, to do follow up surveys about his/her educational and healthy lifestyle choices.

I hereby give consent for my child to participate in the NativeVision Running and Volleyball Camp, I also hereby give my permission for the use and reproduction of video, photographs, or audio recordings, I understand that any use of my image and/or will be for the purpose of program goals.

**PRINT NAME OF STUDENT:** \_\_\_\_\_

**PRINT NAME OF PARENT/GUARDIAN:** \_\_\_\_\_

**SIGNATURE OF PARENT/GUARDIAN:** \_\_\_\_\_ **DATE:** \_\_\_\_\_