

The Alaska Youth Academy Application

Email to katina.charles@tananachiefs.org by June 28th, 2013

Personal Information – Please write in or circle your answer.

Name: (First) _____ (Middle) _____ (Last) _____

Date of Birth (mm/dd/yyyy): _____ Gender: Male Female

Mailing Address: _____

(City) _____ (State) _____ (Zip code) _____

Physical Address: _____

(City) _____ (State) _____ (Zip code) _____

Phone #: (Home) _____ (Cell) _____ (Message) _____

Email: _____

Emergency Contact: (Name) _____ (Phone) _____ (Relationship) _____

Academy Information – Please write in or circle your answer.

Nominating VPSO: (Name) _____ (Village) _____

Shirt Size: _____

Are you a TANF Recipient?: Yes No Unknown

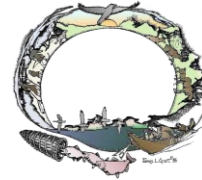
Reference Information – Please write in your answer.

School Reference: (Name) _____ (Village) _____ (Phone) _____

Community Reference: (Name) _____ (Village) _____ (Phone) _____

(Must be unrelated to you)

**Note: Submission of Application does not guarantee acceptance to Alaska Youth Academy
You will be notified if you are selected.**



Code of Conduct – Alaska Youth Academy

I understand:

1. Safety is the number one priority while attending this camp. **I will follow all instructions from Alaska Youth Academy affiliated staff** and wear proper personal protective equipment to avoid injury when applicable.
2. Alaska Youth Academy promotes healthy habits and **discourages smoking and chewing.**
3. **Drugs and alcohol are not permitted during the camp at all. If I am found using drugs or alcohol, I will be removed from the camp and sent home at my own expense.**
4. I must **properly dispose of trash** and clean up my personal space. I will leave Alaska Youth Academy housing in good condition.
5. I need to **use positive language** and **be a team member** throughout the camp experience and with each activity.
6. In order to do my best I need to **go to sleep and get up at the times indicated** and to eat healthy.
7. I need to **respect the property of others** and refrain from entering areas marked off-limits at Alaska Youth Academy.
8. I need to **follow the rules posted for Alaska Youth Academy** and if there is a problem let Alaska Youth Academy affiliated staff know immediately.
9. While at Alaska Youth Academy, I will **remain with my group** and not leave the area without permission.
10. If I have a question, am concerned about anything, or see someone needing guidance, I will **let Alaska Youth Academy affiliated staff know.**
11. I will do my part to **have a good experience** and encourage others to do the same.

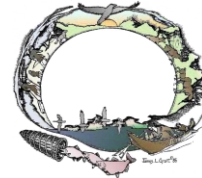
My signature below represents my understanding and acceptance of the above rules.

Applicant Signature:

Date:

Parent Signature:

Date:



Alaska Youth Academy July 29-August 2, 2013

VPSO RECOMMENDATION (not a parent)

Applicant Name: _____ School: _____

This camp is an opportunity for youth to learn and experience a career field in public safety. Your recommendation is appreciated and will be taken seriously.

Please complete this form and give it to the applicant or send it via email to:
katina.charles@tananachiefs.org by June 28th. Questions can be directed to Katina Charles.

Circle your answer. SA=strongly agree; A=agree, N=neutral, D=disagree, SD=strongly disagree

This student:

Is in need of direction in deciding what to do after h.s.	SA	A	N	D	SD
Is a self-starter	SA	A	N	D	SD
Will take the lead in a small group	SA	A	N	D	SD
Is comfortable when traveling away from home	SA	A	N	D	SD
Respects authority, peers, and property	SA	A	N	D	SD
Has a positive attitude	SA	A	N	D	SD
Communicates well with others	SA	A	N	D	SD
Shows maturity for his/her age	SA	A	N	D	SD
Is flexible when plans change	SA	A	N	D	SD
Displays appropriate behavior	SA	A	N	D	SD

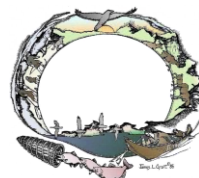
Why do you believe that this student would benefit from this camp? _____

What is your relationship with this applicant? _____

 Printed Name of Community Member

 Signature

 Date



**Alaska Youth Academy July 29-August 2, 2013
TEACHER RECOMMENDATION (not a parent)**

Applicant Name: _____ School: _____

This camp is an opportunity for youth to learn and experience a career field in public safety. Your recommendation is appreciated and will be taken seriously.

Please complete this form and give it to the applicant or send it via email to:
katina.charles@tananachiefs.org by June 28th. Questions can be directed to Katina Charles.

Circle your answer. SA=strongly agree; A=agree, N=neutral, D=disagree, SD=strongly disagree
This student:

Is in need of direction in deciding what to do after h.s.	SA	A	N	D	SD
Is a self-starter	SA	A	N	D	SD
Will take the lead in a small group	SA	A	N	D	SD
Is comfortable when traveling away from home	SA	A	N	D	SD
Respects authority, peers, and property	SA	A	N	D	SD
Has a positive attitude	SA	A	N	D	SD
Communicates well with others	SA	A	N	D	SD
Shows maturity for his/her age	SA	A	N	D	SD
Is flexible when plans change	SA	A	N	D	SD
Displays appropriate behavior	SA	A	N	D	SD

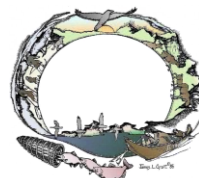
Why do you believe that this student would benefit from this camp? _____

What is your relationship with this applicant? _____

Printed Name of Community Member

Signature

Date



**Alaska Youth Academy July 29-August 2, 2013
COMMUNITY MEMBER RECOMMENDATION (not a parent)**

Applicant Name: _____ School: _____

This camp is an opportunity for youth to learn and experience a career field in public safety. Your recommendation is appreciated and will be taken seriously.

Please complete this form and give it to the applicant or send it via email to : Katina.charles@tananachiefs.org by June 28th. Questions can be directed to Katina Charles: 907-452-8251 Ext 3353.

Circle your answer. SA=strongly agree; A=agree, N=neutral, D=disagree, SD=strongly disagree
This student:

Is in need of direction in deciding what to do after h.s.	SA	A	N	D	SD
Is a self-starter	SA	A	N	D	SD
Will take the lead in a small group	SA	A	N	D	SD
Is comfortable when traveling away from home	SA	A	N	D	SD
Respects authority, peers, and property	SA	A	N	D	SD
Has a positive attitude	SA	A	N	D	SD
Communicates well with others	SA	A	N	D	SD
Shows maturity for his/her age	SA	A	N	D	SD
Is flexible when plans change	SA	A	N	D	SD
Displays appropriate behavior	SA	A	N	D	SD

Why do you believe that this student would benefit from this camp? _____

What is your relationship with this applicant? _____

Printed Name of Community Member

Signature

Date

Alaska Youth Academy
July 29-August 02, 2013
Alaska Youth Academy

**RELEASE OF LIABILITY AND CLAIMS AGREEMENT
THIS IS A BINDING LEGAL AGREEMENT – READ IT CAREFULLY BEFORE
SIGNING**

I, _____, certify that I am the parent or legal guardian of _____. (“my Child”) and I am signing this Agreement for my child to attend and participate in activities associated with the Alaska Youth Academy (“Camp”), held July 29-August 02, 2013.

I understand that in this agreement, the term “Camp Sponsors” refers to all of the following entities and persons: (1) Alaska Department of Public Safety and its officers, directors, employees, agents, and volunteers; and (2) Tanana Chiefs Conference and its officers, directors, employees, agents, and volunteers.

I am aware that the Camp will provide my Child with activities in remote Alaska and will require my Child to travel to and from the Camp. I understand that these Camp activities and the travel to Camp each involve inherent risks of injury, hazards, and dangers that cannot be eliminated. I understand that these risks include, but are not limited to, death, severe bodily injury, and/or property damage.

I understand that due to the nature of the Camp, there may be times when my child has minimum supervision. I agree to instruct my Child to abide by all of the instructions given to my Child by the Camp Sponsors during my Child’s stay, participation, and transportation to and from the Camp.

I acknowledge that the Camp may involve strenuous physical activities. I certify that my child is in excellent physical health and has no physical limitations that would prevent my Child from participating in the Camp and its activities.

I grant permission to the Camp Sponsors to furnish my Child with emergency medical treatment, as available and if needed. I acknowledge that any of my Child’s allergies, pre-existing medical conditions, or medications taken are listed in the Emergency Information section at the bottom of this Agreement. I agree that any expenses for medical treatment or emergency transportation incurred on my Child’s behalf will be my responsibility.

In consideration for allowing my Child’s participation, I hereby assume all the risks associated with the Camp and agree to indemnify and to hold harmless the Camp Sponsors from any and all losses, costs, damages, expenses, including attorneys’ fees, liability, causes of action, deaths, claims, or demands of any nature which may arise in connection with my Child’s travel to or from Camp or during Camp activities. This release of liability includes any and all liabilities, claims, and causes of action that are based on any alleged mistakes, omissions, errors, or negligence by any Camp Sponsor.

This agreement is governed by the law of the State of Alaska. I agree that any lawsuits arising out of, or related to, my Child's participation in the Alaska Youth Academy must be filed in a court located in Anchorage, Alaska. I agree that in the event that any portion of this Agreement is found to be unenforceable, the remaining terms shall be fully enforceable.

I HAVE CAREFULLY READ AND CLEARLY UNDERSTAND THIS RELEASE OF LIABILITY AND CLAIMS AGREEMENT. I AM SIGNING THIS AGREEMENT VOLUNTARILY AND OF MY OWN FREE WILL. I AGREE TO ALL OF THE TERMS STATED IN THIS AGREEMENT.

Signature of Parent or Legal Guardian Date

Parent or Legal Guardian's Name

Address

City _____ State _____ Zip _____

Home Phone (_____) _____ Cell Phone (_____) _____

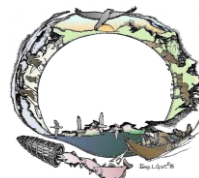
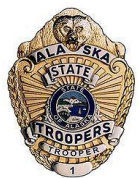
Email Address

EMERGENCY INFORMATION

Emergency Contact Name _____ Phone (_____) _____

Physician _____ Phone (_____) _____

Information a treating physician should know about your child regarding allergies, pre-existing medical conditions, medications taken, and other important medical information:



Consent for Emergency Medical Services

I authorize staff at the Alaska Youth Academy to consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care to be rendered to my child,

_____ under the special supervision and on the advice of any Physician or Medical Care Provider licensed to practice in the State of Alaska.

Signature of Parent or Guardian

Date