

2017 Agriculture Youth Camp

Camp Dates:

June 11- June 24, 2017

20 Youth Campers will be selected for this camp.

“APPLY NOW”

Application Deadline Before: May 25, 2017

This is a **“FREE”** event for students, **NO** registration fee is required. Get your applications on the Main page of the Diné College website or contact The Land Grant Office

Send application by Mail, Fax, or E-Mail to the information below.



ABOUT:

This program will involve high school student's ages 14-17 years of age, who have shown an interest in agriculture science. Students will receive hands-on training through field labs, workshops and field activities. This is an overnight event, all expenses will be paid for, which include: meals, activities, and traveling. Drop off date will be June 11th and pick up date will be June 24, 2017 at 6PM along with dinner.



APPLY TODAY!!

Topics Covering

- Classifying plant vegetation, identifying sources of pollution and human impacts & observing wildlife habitat.
- Sheep shearing & livestock handling.
- Farm & Ranch Tour on and off the Navajo Nation.
- Students will gain awareness & understanding of safeguarding & restoring our valuable land as well as water resources.
- Assist with herd health, tagging & record keeping on large animals
- Hiking, walks, and many more FUN activities

DINE COLLEGE LAND GRANT OFFICE

P.O. Box C01
Tsaile, AZ 86556

For More Information Contact:

Lyander: (928)-724-6941

Benita: (928)-724-6940

Fax: (928)-724-6949

Email:

lymbegay@dinecollege.edu

blitson@dinecollege.edu





2017 Agriculture Youth Camp



STUDENT APPLICATION

Camp Program

The Agriculture Youth Camp purpose will involve high school student (14-17 Years of Age) who have shown an interest in agriculture science. Students will receive hands-on training through field labs, workshops and field activities. Students will gain awareness and understanding of safeguarding and restoring our valuable water resources. Students will explore tangible ways of evaluating the health of a watershed through collecting basic ecology data at local streams and lakes, classifying plant vegetation, identifying sources of pollution and human impacts, and observing wildlife habitat. College student mentors will guide students throughout the week while they begin to explore and learn about the exciting wonders of our natural environments. Field tours and outdoor classrooms will be offered during the camp at a Designated Community Campsite.

***NOTE:** This camp is a FREE event sponsored by the Land Grant Office and USDA APHIS. There is no application fee required.

*** NOTE:** If all the open spots for the camp have been filled your child will be put on a waiting list based in-order of application submission. (This does not guarantee you will be selected unless notified of any changes). If any participants should cancel their application for any reason their spot on the camp is open, the next participant will be notified and asked if they still want to attend the camp and so on and so forth.

- ❖ Agriculture Camp - Sunday, June 11, 2017 to Saturday, June 24, 2017
Frist **20** Agriculture Camp Applications will be reviewed and selected by the Land Grant Office,
You will be notified if you have been selected via E-mail or Phone Call.

Transportation

For those participants that need transportation, the Agriculture Youth Camp providers will supply a shuttle that will meet at a centralized location, dependent upon the number of participants from that region, and will transport participants to and from the camp.

**PLEASE MAIL YOUR APPLICATION COMPLETED
WITH ALL DOCUMENTS SIGNED AND FILLED OUT AND POST-MARKED BY**

**May 25, 2017:
Land Grant Office
P.O. Box C01
Tsaile, AZ 86556**

For more information contact: Lyander Begay- email: lymbegay@dinecollege.edu (928) 724-6941
OR email Benita Litson at blitson@dinecollege.edu (928) 724-6940

THIS IS A DRUG AND ALCOHOL FREE EVENT!!



2017
Agriculture Camp
Student Application



Please Print or Type. Do not leave any blank.

PARTICIPANT INFORMATION			
Name:		Date of Birth:	Gender: Male / Female (Please Circle)
Mailing Address:	City:	State:	Zip Code:
Phone Number:		Alternate Phone Number:	
Email Address:		Have you attended the camp before? Yes or No	
Tribal Affiliation	How did you hear about the camp?	Primary Language Spoken in your home:	
Will you need transportation to the Camp? Yes No (please circle)			

PARENT GUARDIAN INFORMATION			
Mother Name:		Father Name:	
Mailing Address:	City:	State:	Zip Code:
Phone Number:		Alternate Phone Number:	
Employer Name:		Work Phone:	Other Contact:

SCHOOL INFORMATION			
School Name:		School District:	
School Address:	City:	State:	Zip Code:
Grade level in fall 2015:			

MEDICAL INFORMATION
Do you have any medical conditions or allergies? Yes or NO Please Explain:

EMERGENCY CONTACT INFORMATION		
Name:	Relation:	Phone Number:



2017
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Parental Consent



Please Print or Type. Do not leave any blank.

A medical provider will need this form before treating a minor's illness or injury. It should accompany the student when seeking medical treatment.			
Name of Participant:		Date of Birth:	
Name of Parent or Legal Guardian:			
Mailing Address:	City:	State:	Zip Code:
Employer Name:	Work Phone:	Other numbers:	
MEDICAL INFORMATION			
Do you have any medical conditions or allergies? Yes or NO		Please Explain:	
<p>If the student has any condition that may require special treatment it is imperative that a medical provider is alerted. Please indicate below any on-going medical or emotional problems that may require special attention (e.g., epilepsy, allergies, asthma, disability, anxiety, depression, etc.). Use reverse side if necessary.</p>			
<p>Has the student had any major illness during the past year? _____ If so, please Explain:</p>			
Date of last tetanus Injection:	Are contacts or glasses worn? Yes or No	Allergies to medication	
Does the student take any prescribed or over-the-counter medications? If so, what are they?			
Primary Care Physician's name:			
Address:		Phone:	
<p>PARENT OR GUARDIAN AND WITNESS READ AND SIGN: I hereby certify that to the best of my knowledge the above medical statement is accurate. I give my consent to the Tsale Health Center, or medical personnel at another institution, to provide whatever medical treatment they may deem necessary for the health and welfare of my son/daughter/ward. It is also understood that no major surgery will be performed on my son/daughter/ward without my further specific consent except in those cases of extreme urgency when the delay in obtaining consent may constitute a serious risk of life to my son/daughter/ward. I further realize that expenses for medical attention shall be my responsibility.</p>			
Parents Signature:		Date:	



2017
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Parental Consent



Please Print or Type. Do not leave any blank.

Student Essay Question

Student's Name _____
Please limit each answer to approximately 200-250 words. Please use the space below if additional space is required please use additional paper (include your name on the top right hand side if attaching a separate sheet of paper).

Please share with us: In what way have you showed interest or in any way had experience in agriculture science or farming and how is that incorporated into you family and community?

How do you plan to use the knowledge you will receive during this camp and incorporate that into your family and community?



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Parental Consent



Please Print or Type. Do not leave any blank.

I hereby give permission for my son/daughter to attend the Agriculture Youth Camp at the following location: Tsale, Arizona. I understand room and board will be provided at *Diné College campus dormitory or at a designated camping site*. Land Grant staff and educational mentors will service as chaperones 24-hour per day in the campus dormitories, camping grounds, and all daily activities. My son/daughter will be required to comply with the Agriculture Youth Camp rules and regulations, as well as all Federal, State and Tribal laws and regulations.

I understand that my child will participate in off-campus activities. I further understand that the Agriculture Camp will provide security and will supervise all off-campus, planned activities of my child. However, all students must be in compliance with and abide by all rules, regulations and policies established by the Agriculture Camp. Diné College Land Grant Office and camp providers will not be responsible for any accidents, injuries or other misfortune, which may occur as a result of a participant's violation of these rules, regulations or policies.

If the student decides to leave the Camp voluntarily before the advertised end date, the Agriculture Camp providers will release the student only into the custody of the parent/legal guardian and will not be responsible for the student after her/she leaves the campus or camping grounds. The Agriculture Camp providers reserve the right to disenrollment a student at any time due to a violation of any rule, regulation or policy established by the camp providers.

I understand and hereby acknowledge that certain risks are inherent to participation in recreational activities. These types of injuries may be minor or serious and may result from one's own actions, the actions or inaction of others, or a combination of both. I understand certain rules and regulations are designed for the safety and protection of participants and the Agriculture Camp employees and I hereby undertake to abide by these rules and regulations. I understand that certain activities require a minimum level of fitness and health; that being physical, mental and emotional, and that each person has a different capacity for participating in these activities.

The Agriculture Camp providers shall not be liable for any injury to my person or loss to my personal property arising from, or in any way resulting from my voluntary participation in these activities. I declare having read and fully understand this parental permission form and informed consent agreement in its entirety and hereby consent to participation acknowledging all foregoing. I also declare that all information provided in this application packet to be true and accurate.

PHOTO RELEASE

I give permission to the Diné College Land Grant Office to use any slides, photographs, images, video and/or statements that may be taken of my child during the course of the program for marketing and/or promotional purposes. _____ (Initial)

Print Student's Name

Signature

Date

Print Parent/Legal Guardian's Name

Parent/Legal Guardian's Signature

Date