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.

A $30.00 Registration fee is required with the submission of your application. Payments will be accepted on site in Money Order or Cash. Please No Personal Checks.

o Agriculture Camp Sunday, June 5, 2016 to Friday June 17, 2016
First 20 Agriculture Camp Applications with Registration Fee!!

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 REGISTRATION FEE AND POST-MARKED BY May 15, 2016:
Land Grant Office
P.O. Box C01
Tsaile, AZ 86556

For more information contact: email Amy Redhorse at aredhorse@dinecollege.edu (928) 724-6941
OR email Benita Litson at blitson@dinecollege.edu (928) 724-6940
THIS IS A DRUG AND ALCOHOL FREE EVENT!!
### PARTICIPANT INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>Date of Birth:</th>
<th>Gender: Male / Female (Please Circle)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Address:</td>
<td>City:</td>
<td>State:</td>
</tr>
<tr>
<td>Phone Number:</td>
<td>Alternate Phone Number:</td>
<td></td>
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<tr>
<td>Email Address:</td>
<td>Have you attended the camp before? Yes or No</td>
<td></td>
</tr>
<tr>
<td>Tribal Affiliation</td>
<td>How did you hear about the camp?</td>
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<tr>
<td>Primary Language Spoken in your home:</td>
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<tr>
<td>Will you need transportation to the Camp? Yes No (please circle)</td>
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### 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: |
A medical provider will need this form before treating a minor’s illness or injury. It should accompany the student when seeking medical treatment.

<table>
<thead>
<tr>
<th>Name of Participant:</th>
<th>Date of Birth:</th>
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</thead>
<tbody>
<tr>
<td>Name of Parent or Legal Guardian:</td>
<td></td>
</tr>
<tr>
<td>Mailing Address:</td>
<td>City:</td>
</tr>
<tr>
<td>Employer Name:</td>
<td>Work Phone:</td>
</tr>
</tbody>
</table>

**MEDICAL INFORMATION**

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

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.

Has the student had any major illness during the past year? ____________ If so, please Explain:

<table>
<thead>
<tr>
<th>Date of last tetanus Injection:</th>
<th>Are contacts or glasses worn?</th>
<th>Allergies to medication</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>Yes or No</td>
<td></td>
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</tbody>
</table>

Does the student take any prescribed or over-the-counter medications? If so, what are they?

Primary Care Physician’s name:

<table>
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<tr>
<th>Address:</th>
<th>Phone:</th>
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**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 Tsaile 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.

| Parents Signature: | Date: |
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?

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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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I hereby give permission for my son/daughter to attend the Agriculture Youth Camp at the following location: Tsaile, 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)

<table>
<thead>
<tr>
<th>Print Student’s Name</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Print Parent/Legal Guardian’s Name</td>
<td>Parent/Legal Guardian’s Signature</td>
<td>Date</td>
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</table>