

2022 Agricultural Youth Camp

STUDENT APPLICATION

Camp Program

The Agricultural Youth Camp is for middle school and high school age students (9-17 Years of Age) who have shown an interest in agricultural science. Diné College is proud to sponsor this annual event which offers Native American youth the opportunity to explore the natural and cultural relationships with land, livestock, and water, including environmental protection and restoration practices. During camp students will receive hands-on training through field labs, service learning, and workshops. College student mentors will guide students throughout the week while they begin to explore and learn about the exciting wonders of our natural environment. Field tours and outdoor classrooms will be offered during the camp at designated Community Campsites.

***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.

***NOTE:** All camp participants must be fully vaccinated for Covid-19

2 Weeklong Agriculture Camp- Sunday July 10, 2022, to Friday July 22, 2022

First **25** 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 by Phone.

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
5PM FRIDAY, JUNE 17, 2022**

**Land Grant Office
P.O. Box C01
Tsaile, AZ 86556**

For more information contact: Audre Etsitty- email: aetsitty@dinecollege.edu

OR email Benita Litson at blitson@dinecollege.edu

THIS IS A DRUG AND ALCOHOL FREE EVENT



2022
Agricultural Youth Camp
Student Application

Please Print or Type. Do not leave any spaces blank.

PARTICIPANT INFORMATION					
Name:		Date of Birth:		Gender: Male / Female (Please Circle)	
Mailing Address:		City:		State:	
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:	
Phone Number:		Alternate Phone Number:			
Employer Name:			Work Phone:		Other Contact:
SCHOOL INFORMATION					
School Name:			School District:		
School Address:		City:		State:	
Grade level in fall 2019:					
COVID-19 VACCINATION INFORMATION					
Are you fully vaccinated for Covid-19? Yes/No Please provide the date of all three of your vaccines:					
EMERGENCY CONTACT INFORMATION					
Name:		Relation:		Phone Number:	



2022
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Parental Consent

Please Print or Type. Do not leave any spaces blank.

A medical provider will need this form before treating a minor's illness or injury. It need to 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
If yes, 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:

Date of last tetanus shot:	Are contacts or glasses worn? Yes or No (Please Circle)	Allergies to any medication:
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Does the student take any prescribed or over-the-counter medications? If so, what are they?

Primary Care Physician's name:

Address:	Phone:
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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 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.

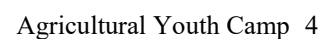
Parents Signature:	Date:
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Please Print or Type. Do not leave any spaces blank.

Student's Name_____

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Parental Consent

Please Print or Type. Do not leave any spaces blank.

I hereby give permission for my son/daughter to attend the Agriculture Youth Camp in Tsaile, Arizona. I understand that this year the camp will be conducted in-person and I understand the Covid-19 risks of my child attending this camp. 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 under ARS §13-3620 Diné College camp personnel are required to report any form of abuse inflicted on a child to authorities.

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

