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DINÉ COLLEGE LAND GRANT OFFICE

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# AGRICULTURAL YOUTH CAMP

SAFEGUARDING NATURAL HERITAGE 2026 NATIVE AMERICAN AGRICULTURAL & ENVIRONMENTAL YOUTH CAMP



## ABOUT THE CAMP

The Agricultural & Environmental Youth Camp is open to middle and high school students ages 9–17 who are interested in agriculture, natural resources, and environmental stewardship. Diné College proudly sponsors this annual camp to give Native youth hands-on learning experiences connected to land, livestock, water, culture, and community. Students will participate in field labs, workshops, service-learning, field trips, and outdoor classrooms, all guided by college instructors & student mentors.



### DATES

**Sunday, June 14, 2026 -  
Friday, June 19, 2026**  
(1 - Week Camp)



### LOCATION

**Tsaile AZ, Diné College  
Land Grant Office &  
Community Campsites**



### WHO CAN APPLY

**Middle & High School Students  
Ages 9-17 years old.**



### COST

**FREE!**

**Sponsored by the Land  
Grant Office & USDA APHIS**

## BEFORE YOU SUBMIT

Please complete & return ALL pages of this application packet by

**Friday, May 22, 2026 at 5:00 PM.**



Student Information Form (Page 2)



Parent/Guardian Consent Form (Page 3)



Medical Information Form (Page 4)



Essay Questions (Page 5/6)



Submission Info (Page 6)

**Incomplete applications may delay review.**

## HOW SELECTION WORKS

The first 30 complete applications received by the deadline will be reviewed for acceptance. Families will be notified by phone or email. If all spots are filled, additional applicants will be placed on a waitlist in order received.



## TRANSPORTATION

Transportation may be available through centralized pickup locations depending on participant location and enrollment numbers.

## QUESTIONS

Contact Land Grant Office



**[lgostaff@dinecollege.edu](mailto:lgostaff@dinecollege.edu)  
[blitson@dinecollege.edu](mailto:blitson@dinecollege.edu)  
(928)724-6940/6941**

**There is an ONLINE application for  
submssion too:**  
<https://www.dinecollege.edu/about-us/land-grant-office/>



### INSTRUCTIONS

Please print clearly using blue or black ink. Complete all sections. Do not leave blanks - Write N/A if a question does not apply.

## STUDENT 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 camp before? If so what year(s)? Yes / No		
Tribal Affiliation:	How did you hear about the camp?	Primary Language Spoken in your Home:		

## SCHOOL INFORMATION

School Name:		School District:		
School Address:		City:	State:	Zip Code:
Grade Level in Fall 2026:				

## PARENT/GUARDIAN INFORMATION

Parent Guardian #1 Name:		Relationship to Student:	Parent Guardian #2 Name:		Relationship to Student:
Mailing Address:		City:	State:	Zip Code:	
#1's Phone Number:		#2's Phone Number:			
Email Address:		Work Phone Number (s):			
Employer's Name:		Other Contact:		Alternate Phone Number:	

## EMERGENCY CONTACTS

Emergency Contact Name:	Relationship to Student:	Phone Number:
Emergency Contact Name:	Relationship to Student:	Phone Number:

### PHOTO RELEASE



I give permission to Diné College Land Grant Office to use any photographs, images, videos, and/or statements that may be taken during the course of the program for marketing and/or promotional purposes.  Yes  No

Parent/Guardian Initial \_\_\_\_\_

### TRANSPORTATION NEEDS



Do you need transportation to camp?

Yes  No  Not Sure

If yes, list nearest community for pick-up: \_\_\_\_\_



**INSTRUCTIONS**  
Please read thoroughly & print clearly using blue or black ink. Complete all sections. Do not leave any spaces blank.



**I hereby give permission for my child to attend the Agricultural Youth Camp in Tsaile, Arizona.**

I understand that the camp will be conducted in person and acknowledge the potential health risks, including those associated with COVID-19.

I understand that room and board will be provided at the Diné College campus dormitory or at a designated camping site. Land Grant staff and educational mentors will serve as chaperones and provide 24-hour supervision in the dormitories, camping grounds, and during all camp activities.

**I understand that my child is required to comply with all Agriculture Youth Camp rules and regulations, as well as all applicable Federal, State, and Tribal laws.** I acknowledge that, under ARS §13-3620, Diné College camp personnel are mandated reporters and are required to report any suspected child abuse to the appropriate authorities.

**I understand that my child may participate in off-campus activities and that supervision will be provided during all planned activities.** However, I acknowledge that Diné College Land Grant Office and camp providers are not responsible for accidents, injuries, or other incidents resulting from a participant's failure to follow established rules, regulations, or policies.

**If my child leaves the camp voluntarily before the scheduled end date, I understand that they will be released only into the custody of a parent or legal guardian.** Camp providers are not responsible for the participant after they leave the campus or designated campgrounds. The camp reserves the right to dismiss a participant at any time for violation of camp rules or policies.

**I understand that participation in camp activities involves inherent risks, which may result in minor or serious injury.** These risks may arise from my child's actions, the actions of others, or environmental conditions. I acknowledge that certain activities require a level of physical, mental, and emotional readiness, and that participants have varying abilities.

**I agree that the Agriculture Camp providers shall not be held liable for any injury or loss of personal property arising from participation in camp activities. I certify that I have read and fully understand this parental permission and informed consent agreement. I voluntarily consent to my child's participation and affirm that all information provided in this application is true and accurate.**

\_\_\_\_\_  
Student's Name (Print & Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian's Name (Print & Signature)

\_\_\_\_\_  
Date



### INSTRUCTIONS

Please read thoroughly & print clearly using blue or black ink. Complete all sections. Do not leave any spaces blank.



A medical provider will need this form before treating a minor's illness or injury.  
It needs 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:	
#1's Phone Number:		#2's Phone Number:			
Email Address:		Work Phone Number (s):			
Employer's Name:		Other Contact:	Alternate Phone Number:		

## 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, a medical provider must be 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 needed.

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 NO (Please Circle)	Allergies to 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 local health centers or medical personnel at another institution to provide whatever medical treatment they may deem necessary for the health and welfare of my child. It is also understood that no major surgery will be performed on my child without my further specific consent, except in those cases of extreme urgency when the delay in obtaining consent may constitute a serious risk to my child's life. I further realize that expenses for medical attention shall be my responsibility.

Parent Signature:	Date:
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## DIETARY RESTRICTIONS

The Agriculture Youth Camp will make reasonable efforts to accommodate participants' dietary restrictions, food allergies, and cultural or medical dietary needs. Parents/guardians are responsible for clearly listing all dietary restrictions and allergies in the lines below: \_\_\_\_\_

While camp staff will take precautions to support these needs, the camp cannot guarantee an allergen-free environment. Parents/guardians should communicate any severe or life-threatening allergies and provide necessary medications (such as epinephrine auto-injectors) along with instructions for use.



