



Camper Name: \_\_\_\_\_ Age: \_\_\_\_\_

**Osage Nation Grow Gather Hunt Camp  
Registration Form**

The Grow Gather Hunt Camp will be held **May 29<sup>th</sup>, 30<sup>th</sup>, and 31<sup>st</sup>, 2019**. Camp registration is open to **Native American boys and girls ages 8-14**. This Camp is intended to teach your child skills and lessons about staying healthy, hunting and fishing, outdoor versatility, Osage culture and on making new friends. The Camp will be held on the Osage Nation campus at the ponds located at {insert address}. Sign in/drop off point will be near the entrance of the pond area. Drop off time is from **7:30-8:00am daily. Pick up is at 4:00pm daily**. On Friday May 31<sup>st</sup>, we will bus the children to Osage Hills State Park for a day of lessons, hiking and swimming, and we will return by 4:00pm for pick up.

To participate, please fill out a form for each child and attach copy of the child's Tribal membership card or CDIB card and mail to: Public Health Nursing, 1449 W. Main, Pawhuska, OK 74056 or email scanned form to [Jaime.clark@osagenation-nsn.gov](mailto:Jaime.clark@osagenation-nsn.gov). There are limited spaces available. Please return your child(ren)'s form **by May 20<sup>th</sup>**. You will receive confirmation of acceptance by **May 24<sup>th</sup>**. If you have any questions, please contact Public Health Nursing at 918-287-5482.

**Child's Information**

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
Gender: Male \_\_\_\_\_ Female \_\_\_\_\_  
Grade \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age (as of May 30, 2019) \_\_\_\_\_  
Shirt size (circle one): \_\_\_\_\_ Child size – S M L Adult size – S M L XL 2X  
Tribal Affiliation: \_\_\_\_\_  
Street Address \_\_\_\_\_

Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Child's Home Phone \_\_\_\_\_

**Parent/Guardian - Contact Information**

**Parent/Guardian #1**

First \_\_\_\_\_ Last \_\_\_\_\_ Ms. Mrs. Mr. Other \_\_\_\_\_  
Street Address \_\_\_\_\_

Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell phone \_\_\_\_\_ FAX \_\_\_\_\_ E-mail \_\_\_\_\_  
Employer \_\_\_\_\_

**Parent/Guardian #2**

First \_\_\_\_\_ Last \_\_\_\_\_ Ms. Mrs. Mr. Other \_\_\_\_\_  
Street Address \_\_\_\_\_

Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell phone \_\_\_\_\_ FAX \_\_\_\_\_ E-mail \_\_\_\_\_  
Employer \_\_\_\_\_



Camper Name: \_\_\_\_\_ Age: \_\_\_\_\_

**Osage Nation Grow Gather Hunt Camp  
Registration Form**

**Alternate Pickup/Release** Please list those people who are permitted to pick up your child (*Only those listed will be allowed to pick up your child*):

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email \_\_\_\_\_ Relation to child \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email \_\_\_\_\_ Relation to child \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email \_\_\_\_\_ Relation to child \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email \_\_\_\_\_ Relation to child \_\_\_\_\_

**Terms of Agreement to Participate**

**Photo Release**

I hereby give permission for my child to be photographed during the **Osage Nation Grow Gather Hunt Camp**. I understand the photos will be used to keep a journal of activities, for power point presentations and/or reports and for promotional purposes of the Osage Nation including flyers, brochures, newspaper ads or articles and on the internet or website of the Osage Nation. I understand that I will not receive any type of compensation and that all photos are the property of Osage Nation.

Parent's/Guardian's Initials \_\_\_\_\_

**Transportation Release**

I hereby give permission for my child to be transported for all official activities of the **Osage Nation Grow Gather Hunt Camp**; and accept and assume the risks and hazards associated with traveling on behalf of my child.

Parent's/Guardian's Initials \_\_\_\_\_



Camper Name: \_\_\_\_\_ Age: \_\_\_\_\_

**Osage Nation Grow Gather Hunt Camp**

**Registration Form  
Medical Information**

Insurance Information:

Name of Health Insurance Provider \_\_\_\_\_ Policy Number \_\_\_\_\_

Primary Physician \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Hospital Preference \_\_\_\_\_

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

<u>Medical Problem</u>	<u>Required treatment</u>	<u>Should paramedic be called?</u>
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes\_\_ No\_\_ If yes, explain: \_\_\_\_\_

If your child requires medication be dispensed while at camp, provide list of medications and check into camp first aid on the first day. Name of medications & dosage:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have a **diagnosed** allergy to any type of food or medication?

Yes\_\_ No\_\_ If yes, explain: \_\_\_\_\_

Does your child require a special diet?

Yes\_\_ No\_\_ If yes, explain: \_\_\_\_\_

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

The following non-prescription medications are commonly stocked in camp health centers and are used on as needed basis to manage illness and injury by the camp first aid. ***Cross off those items that cannot be given to your child.***

- |                                          |                                       |
|------------------------------------------|---------------------------------------|
| Acetaminophen (Tylenol)                  | Mosquito repellent                    |
| Ibuprofen (Advil, Motrin)                | Calamine lotion                       |
| Phenylephrine (Sudafed)                  | Bismuth Subsalicylate (Pepto Bismol)  |
| Chlorpheniramine maleate (antihistamine) | Guaifenesin (Congestion relief)       |
| Hydrocortisone 1% cream                  | Dextromethorphan (Robitussin, Delsym) |
| Topical antibiotic Cream                 | Diphenhydramine (Benadryl)            |
| Aloe                                     | Generic cough drops                   |
| Sun screen                               | Chloraseptic spray                    |



Camper Name: \_\_\_\_\_ Age: \_\_\_\_\_

**Osage Nation Grow Gather Hunt Camp  
Registration Form**

**MEDICAL RELEASE**

**IN CASE OF AN EMERGENCY, AND IF A FAMILY PHYSICIAN CANNOT BE REACHED, I HEREBY AUTHORIZE MY CHILD TO BE TREATED BY LICENSED MEDICAL PERSONNEL (I.E. NURSE, EMT, AND/OR PHYSICIAN). I UNDERSTAND THAT I WILL BE NOTIFIED IN THE CASE OF A MEDICAL EMERGENCY INVOLVING MY CHILD. IN THE EVENT THAT I CANNOT BE REACHED, I AUTHORIZE THE OSAGE NATION TO CONTACT A DOCTOR AND FOR MY CHILD TO RECEIVE ANY NECESSARY MEDICAL SERVICES IN THE EVENT MY CHILD IS INJURED OR BECOMES ILL. I UNDERSTAND THE OSAGE NATION SHALL NOT BE RESPONSIBLE FOR THE MEDICAL EXPENSES INCURRED AND ANY SUCH EXPENSES SHALL BE MY RESPONSIBILITY AS PARENT/GUARDIAN.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**In case of medical emergency contact (In order of priority):**

	Name	Phone #	Relationship to Child
Contact #1			
Contact #2			
Contact #3			



Camper Name: \_\_\_\_\_ Age: \_\_\_\_\_

**Osage Nation Grow Gather Hunt Camp  
Registration Form**

**WAIVER OF LIABILITY AND INDEMNIFICATION AGREEMENT**

1. In consideration for my child participating in the Osage Nation’s Grow Gather Hunt Camp, I hereby **RELEASE, WAIVE, AND DISCHARGE THE OSAGE NATION**, their officers, agents, volunteers, and employees (hereinafter referred to collectively as the “Osage Nation”) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by my child , or any of the property belonging to me or my child **WHETHER CAUSED BY THE NEGLIGENCE OF THE OSAGE NATION** or otherwise, while participating in the event and associated activities or while in on or upon the premises where the event is being conducted.
2. I am fully aware of the risks involved and hazards connected with my child’s participation in this event and traveling. I hereby elect to allow my child to voluntarily participate in said activities of the event with full knowledge that said activities may be hazardous to my child and my property. **I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH** that may be sustained by my child, or any loss or damage of property owned by me or my child, as a result of being engaged in such activities **WHETHER CAUSED BY THE NEGLIGENCE OF THE OSAGE NATION OR OTHERWISE**.
3. I further hereby **AGREE TO INDEMNIFY AND HOLD HARMLESS THE OSAGE NATION** from any loss, liability, damage or costs, including court costs and reasonable attorneys’ fees that the Osage Nation may incur due to my child’s participation in said event and associated activities **WHETHER CAUSED BY NEGLIGENCE OF THE OSAGE NATION** or otherwise.
4. It is my express intent that this Waiver of Liability and Indemnification Agreement bind myself and the members of my family and spouse, if a I am alive, and my heirs, assignees and personal representative, if I am deceased, and shall be deemed as a complete **RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE THE OSAGE NATION**.
5. By signing this agreement, I hereby consent to the jurisdiction and laws of the Osage Nation. I hereby further agree that this Waiver of Liability and Indemnification Agreement shall be governed and construed by the laws of the Osage Nation; and any dispute arising under the terms of this Agreement shall be brought within the exclusive jurisdiction of the Osage Nation Courts.
6. **BY SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT**, I have read the foregoing Waiver of Liability and Indemnification Agreement, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written agreement have been made; and I am at least eighteen (18) years of age and/or the Parent or Legal Guardian of the minor participant; if Participant is under the age of eighteen (18), Parent/Legal Guardian consents to the minor’s participation in the event; consents for the Osage Nation to seek reasonable and necessary medical treatment for their child during such or associated activities; and agrees to be responsible for any cost of such treatment. By my signature below, I acknowledge and execute this Agreement for full, adequate and complete consideration fully intending to be bound by same.

Signed on this \_\_\_\_\_ day of \_\_\_\_\_, 2019.

Name of Participant (print): \_\_\_\_\_

Name of Parent/Legal Guardian (if applicable): \_\_\_\_\_

Signature of Participant or Parent/Legal Guardian: \_\_\_\_\_



Camper Name: \_\_\_\_\_ Age: \_\_\_\_\_

**Osage Nation Grow Gather Hunt Camp  
Registration Form**

**POLICIES AND PROCEDURES**

**Dear Parents,**

Thanks to funding from the Southern Plains Tribal Health Board and many of the departments at Osage Nation, we are proud to host the Grow Gather Hunt Camp again this year. Our goal is to teach the tools necessary for Native youth to reduce their risk of developing chronic disease by learning how our ancestors provided nutrition to their families and kept physically active. We provide instruction on the importance of nutrition, diabetes prevention, tobacco prevention along with learning some of the skills our ancestors used such as fishing, archery, fire making, traditional games, and other topics. Please review the materials with your child. Attendance is for Native children ages 8-14 years. Staff volunteers work hard to plan for the camp and work very hard to make sure each camper has an opportunity to learn and have a good experience at camp.

**Health & Safety**

The health and safety is highly important for our campers. Drugs, alcohol, cigarettes, fireworks, firearms, knives or weapons of any kind are not permitted. Staff may search the belongings of all campers for items considered to be a safety concern. Any items found by staff will result in loss of camp attendance privileges. Campers will not be allowed to enter camp if any item is found and the guardian will be informed to pick up their camper.

**Behavior**

It is our goal for all campers to have a fun experience. We expect campers to abide by behavior policies. Campers should be on time for activities. Buddy system should be used at all times. Every camper has the right to attend GGH Camp without being subject to threats, or intimidation of any type. Incidents of fighting, physical assault, verbal intimidation and any offensive references of sex, age, color, religion, national origin, or disability are not acceptable. Additionally, staff and campers must be allowed to enjoy and environment free from harassment. Harassment is behavior not welcome, personally offensive, which debilitates morale and interferes with the environment of all campers. A safe and friendly atmosphere is the responsibility of all campers and staff.

**Discipline Policy**

You and your child should understand that while participating in camp, the staff is in charge. Your child should be aware that any rules and or instructions that are made by a staff member are to be respected. In the unlikely event that there is a disciplinary problem that cannot be resolved, the parent will be notified and expected to pick up his/her child immediately. It is likely that your child will not be allowed to participate in future camps.

**Electronics**

Electronics devices are not permitted on campgrounds. Any devices found by staff will be confiscated and returned to the parent. Electronic devices include: cell phones, tablets or other computer devices, digital media players, radios, walkie talkies, etc. Cameras will be allowed with disposable cameras preferred.

**Visitation**

In the best interest and safety of the campers, parents/guardians/visitors will NOT be allowed in camp during session without prior approval from the staff.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Camper Signature \_\_\_\_\_ Date \_\_\_\_\_



Camper Name: \_\_\_\_\_ Age: \_\_\_\_\_

**Osage Nation Grow Gather Hunt Camp  
Registration Form**

**For Campers and their parents: Keep this page.**

**What are we doing at Camp this year?**

- Wednesday May 29<sup>th</sup> - Woody Hansen (aka the Snake Man) presentation snakes of Oklahoma  
Diabetes prevention and Nutrition  
Commercial Tobacco prevention  
Archery  
Fishing  
Boating on the pond  
Language
- Thursday May 30<sup>th</sup> - Natural resources presentation  
Traditional ball games  
Osage Museum tour with hands on interactive activities  
Traditional Fire making, fire safety  
Archery  
Fishing  
Boating on the pond  
Language
- Friday May 31<sup>st</sup> - Osage Hills State Park  
Hiking and compass/land navigation  
Language and plant identification/naming  
Salve making with native plants  
Swimming at Osage Hills State Park

**What to wear?**

- |                                 |                                          |
|---------------------------------|------------------------------------------|
| Comfortable clothes             | Closed toe shoes for physical activities |
| Shoes for waterfront activities | Friday = swim suit and towel             |
| Hat                             | Sunscreen                                |

Campers will receive a backpack on day 1 to carry personal items.