



## Tribal Salmon Camp 2015

Columbia River Inter-Tribal Fish Commission

Monday, July 13 – Friday, July 17, 2015

Please complete all of the items on the application checklist, sign and date where needed, then mail, fax or email your application materials to:

**ATTN: Tana Atchley**

**Columbia River Inter-Tribal Fish Commission  
700 NE Multnomah Street, Suite 1200  
Portland, OR 97232**

**email: [tana@critfc.org](mailto:tana@critfc.org)  
phone: 503-238-0667, 541-543-5202 (Cell)  
fax: 503-235-4228**

***All applications need to be completed and received at CRITFC by 5:00 PM Friday May 29, 2015***

Please submit your application materials as soon as possible in order to secure a limited FREE slot. Time is needed to review applicants, make selections and notify those who are admitted into the program. It is strongly encouraged that you call to confirm that your application was received.

### **Completed Application checklist:**

- \_\_\_ Student and Parent Information Form
- \_\_\_ Consent and Release Agreement Form
- \_\_\_ Student Agreement Form
- \_\_\_ Student Letter of Interest

**Check-in: Monday, July 13<sup>th</sup>**

**11:30 am-12:30 pm**

**Pick-up: Friday, July 17<sup>th</sup>**

**2:00 pm – 3:00 pm**

Parents/guardians will be responsible for making arrangements to get their students to and from the designated check-in and pick-up locations for the Salmon Camp program **AT THE DESIGNATED TIMES**.

### **Check in and pick up of students will be at:**

Nez Perce National Historical Park – The Spalding Site  
39063 US Highway 95 Idaho 83540

This is a five day/four night camp, so please pack accordingly. Bring clothes and shoes that allow you to fully participate in all camp activities (e.g. clothes that allow you to move, exercise, swim, explore outdoors and play in). The weather will be hot and sunny during the day, and possibly chilly at night. It is strongly suggested that students leave all valuables at home (iPods, video games, money, jewelry, etc). CRITFC is not responsible for any lost, damaged or stolen property. CRITFC staff will have cell phone service.

### **If you have any further questions please contact:**

**Tana Atchley, CRITFC Tribal Workforce Development & Outreach Coordinator at 503-238-0667 ([tana@critfc.org](mailto:tana@critfc.org)).**



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**Student and Parent Information Form**

**Student:** \_\_\_\_\_  
Last Name First Name Middle Initial

**Date of Birth:** \_\_\_/\_\_\_/\_\_\_ **Gender:** \_\_\_ **Grade in Fall 2015:**  6<sup>th</sup>  7<sup>th</sup>  8<sup>th</sup>

**Tribal Affiliation:**  Yakama  Warm Springs  Umatilla  Nez Perce  Other: \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_  
Last Name First Name

**Mailing Address:** \_\_\_\_\_  
Street Number/PO Box Apartment  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Primary phone:** \_\_\_\_\_ **Secondary phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Please list two emergency contacts (adults) and their contact information:**

1.) Name: \_\_\_\_\_ Home # \_\_\_\_\_ Other # \_\_\_\_\_

2.) Name: \_\_\_\_\_ Home # \_\_\_\_\_ Other # \_\_\_\_\_

Student's Primary Care Physician: \_\_\_\_\_ Phone # \_\_\_\_\_

Provider's Clinic Name and Address: \_\_\_\_\_  
\_\_\_\_\_

Health Insurance Provider and Policy Number: \_\_\_\_\_

Please indicate any medical conditions, medications, allergies, dietary needs, behavior issues or special conditions that CRITFC staff should be aware of (attach additional sheet if necessary): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Initial here to verify student, to the best of your knowledge, will be able to handle 5 days and 4 nights away from home: \_\_\_\_\_

Initial here to verify that student is able to safely participate in swimming activities: \_\_\_\_\_



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**Consent and Releases Agreement Form**

As the Parent/Guardian of \_\_\_\_\_, I give my permission for him/her to participate in the Columbia River Inter-Tribal Fish Commission (CRITFC) 2015 Salmon Camp. By signing this agreement I acknowledge that CRITFC has my permission to drive my child in the program vehicles and include my child in all of the Salmon Camp activities unless otherwise specified.

In the event my child is injured or should require medical attention, my signature below does hereby consent to any and all medical and surgical treatment including anesthesia and operations, which may be deemed advisable by his or her physicians, and surgeons to perform all examinations. I also agree that I will be responsible for any and all medical or hospital fees or costs associated with my student's treatment, which are not covered by my insurance.

CRITFC will not be held liable for any injuries or accidents caused to your child if they choose not to follow CRITFC staff directions or rules. I assume all risks and hazards related to participation in program activities, including transportation to and from said activities and hereby waive, release, absolve and indemnify and agree to hold harmless to CRITFC and its affiliates for any claim arising out of accidental injury to my child.

I grant CRITFC the right and permission to use and publish the photographs made during my child's participation in the CRITFC Salmon Camp 2015 program, and I hereby release CRITFC from any and all liability from such use and publication.

I also understand that I am responsible for making arrangements for picking up my child if it is deemed necessary that he/she be sent home by CRITFC staff for any of the following reasons: inappropriate behavior, violation of CRITFC conduct codes, damage to property, or for the overall safety of students, staff and the program.

My signature below indicates that I have read, understand and agree to the terms of the Consent and Releases Agreement Form.

Parent/legal guardian signature: \_\_\_\_\_

Parent/legal guardian printed name: \_\_\_\_\_

Date: \_\_\_\_\_



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### Student Agreement and Letter of Interest Form

**Student Agreement:** *(To be completed by the Salmon Camp applicant)*

I, \_\_\_\_\_, by signing this contract, agree to abide by all rules and regulations, as well as actively participate in the Columbia River Inter-Tribal Fish Commission (CRITFC) 2015 Salmon Camp. I understand that failure to comply with camp rules will result in disciplinary action and possible dismissal from the program. I will be respectful of my fellow Salmon Camp participants and I will follow the leadership and requests of the CRITFC staff at all times. I agree to actively participate in all camp activities and maintain a positive attitude while attending Salmon Camp.

Student signature: \_\_\_\_\_

Student printed name: \_\_\_\_\_

Date: \_\_\_\_\_

#### **Student Letter of Interest:**

Please compose a one-page statement that answers the following questions:

1. Introduce yourself and explain why you're interested in participating in Salmon Camp.
2. Include a description about your favorite classes, extracurricular activities, and hobbies.
3. Tell us what you would like to do when you grow up.

Attach your letter to this form along with your completed application.

**Note:** Application will be incomplete without the Student Letter of Interest and will not be considered.