



Arctic Education Foundation Youth Culture Camp Application

For youth participants aged 12-14 years of age

Please send completed application forms to arcticed@asrc.com before the published application deadline.

CAMP INFORMATION

This application is submitted for the following Arctic Education Foundation ("AEF") Youth Culture Camp ("Camp"):

Camp Name: _____

Camp Location: _____

Camp Dates: _____

CAMP INFORMATION

Child's full name _____ Date of birth _____ Age _____

Grade in upcoming school year _____ Is your child an ASRC shareholder or descendant? Yes No

Mailing Address _____ North Slope community _____

City _____ State _____ Zip _____ What Tribe is your child enrolled in? _____

PARENT OR GUARDIAN AND EMERGENCY CONTACT

(must provide two contacts)

Guardian #1 Name _____ Phone _____ Employer _____

Mailing Address _____ City _____ State _____ Zip _____

Guardian #2 Name _____ Phone _____ Employer _____

Mailing Address _____ City _____ State _____ Zip _____

TRAVEL POLICY

AEF will coordinate all round-trip travel to each AEF Youth Culture Camp.

AEF does not chaperone travel to and from the program. AEF Camp staff will pick up and drop off campers to/from their flights according to their flight itineraries. If any travel delays arise, camp staff will release a camper to an authorized adult/caregiver (18 years or older, listed below) who will assume responsibility for the camper's return home.

AEF will coordinate travel for campers to arrive one day before and to depart up to one day after the camp. Please contact Katie Roseberry at 907-852-0518 or kroseberry@asrc.com for any travel related questions.





Arctic Education Foundation Youth Culture Camp Application Continued

TRAVEL AUTHORIZATION AND CAREGIVER RELEASE

I, _____, authorize AEF to release my child to the below listed individual(s) as follows:

Authorized Caregiver Name

Community

Relation to Camper

Phone Number

Release for visit **during camp** (yes or no): Yes No

Release at **end of camp** (yes or no): Yes No

Authorized Caregiver Name

Community

Relation to Camper

Phone Number

Release for visit **during camp** (yes or no): Yes No

Release at **end of camp** (yes or no): Yes No

CELLPHONE USE POLICY

Historically, Iñupiat people learned our culture and traditions by observing and participating in activities parents and Elders did throughout the day. To continue the passing down of cultural knowledge in this way and ensure our youth attendees have a meaningful cultural experience, we will be supporting an “unplugged” camp. This means camp attendees will be turning in their phones for the day unless there is an emergency in which they need to use them. They will have access to them in the evening after we’ve completed our daily activities and may make phone calls during that time. Please note that they may or may not have cell service at the main campsite, which is often outside of the village.

CAMP SWEATERS

Please indicate the size preference for the Camper’s hooded sweatshirt. AEF will provide sweaters to all campers at the end of camp.

Adult size: Small Medium Large X-Large 2X-Large

PARENT OR GUARDIAN ACKNOWLEDGEMENT AND CONSENT

I, _____, give my permission for my child to attend the AEF Culture Camp.

I have discussed the policies of this Camp with my child. If for any reason my child needs to leave Culture Camp, I will assume all costs for them to be sent home unless it is an emergency.

Parent or Guardian signature _____ Date _____





Arctic Education Foundation Youth Culture Camp Application Continued

PARENT OR GUARDIAN AND EMERGENCY CONTACT (must provide two contacts)

Camper name _____ Phone _____ Date of birth _____

Address _____ City _____ State _____ Zip _____

Parent or Guardian Name _____ Work phone _____ Relationship to Camper _____

Hospital/Clinic Name _____ Phone _____

Does your child have any physical disabilities, special needs, motor issues or cognitive learning disabilities? (explain)

Does your child wear glasses or contact lenses? Glasses Contacts No

Does your child wear hearing aids? Yes No

Allergies to animals? Sinus problems? Allergies to bites or stings?

Other allergies including food, dairy, gluten, medicine or environmental allergies? (explain)

Does your child have asthma? Yes No

Is your child currently taking any medications? (explain, including medicine name and recommended dosage/frequency)

Does your child require any special (emergency) medications? (explain)

Does your child have any special dietary needs? _____

Please list any other information you think is important for us to know.

For any additional health-related concerns or information concerning your child, please contact Katie Roseberry at 907-852-0518 or kroseberry@asrc.com.

Parent or Guardian signature _____ **Date** _____





Arctic Education Foundation Youth Culture Camp Application Continued

CAMPER SURVEY QUESTIONS

(to be completed by Camper)

Below are some questions that your child will need to complete for this application. These same questions will be asked again at the end of the camp to help us understand how well our camp is doing and what the campers are learning. Please answer the following:

What do you know about traditional plants? Have you gathered and/or eaten any traditional plants, berries, or teas?

What do you know about the traditional value of Hunting Traditions? Have you had the opportunity to go hunting, whaling, fishing, or learned how to skin any animals?

What traditional foods have you worked with?

What do you know about Arctic survival? Have you been camping, used a GPS, and/or learned about safety while on the land?

Does your family go camping? How many times have you been camping with them?

What traditional arts have you tried, and what have you made or done? This may include sewing, carving, beading, mask-making, learning traditional songs and dances, toolmaking, or any other traditional art you can think of.

DRUG & ALCOHOL FREE CAMP ACKNOWLEDGEMENT

(to be completed by Camper)

AEF Culture Camp is a drug, alcohol, and tobacco free event. I agree to abide by these rules and any failure to do so will result in me being removed from the camp and sent home at the expense of my family.

Camper Signature _____ Date _____

