



2018 Summer Activity Registration Packet

On behalf of Kodiak Area Native Association's (KANA) Meth and Suicide Prevention Initiative, we invite you to participate in our summer activity programs, Explore the Rock and Activity Afternoons.

Explore the Rock is for students who will be entering grades 6-12 during the 2018/2019 school year. There is no deadline for registration. Students will participate on a weekly hike/nature walk on Thursdays throughout the summer. Trips will be between five and six hours and will be led by KANA staff and adult volunteers. Students can attend as many or as few hikes as they like.

Each hike will have a guest presenter that will talk about topics including CPR/first aid, bear safety, survival skills, and goal setting.

Drop-off Location: KANA Wellness Center – 3400 Rezanof Drive East

Drop-off Time: 10am on the day of the hike. Please arrive on time to avoid missing the bus.

End Time: The hike will end in the early afternoon and students will return to the KANA Wellness Center at 4pm.

It is very important that you bring the following items **EVERY** time you attend. (Please mark all personal items with your name). KANA is not responsible for any lost or stolen property.

- Wear appropriate footwear (gym shoes or hiking shoes) **No sandals or flip-flops.**
- Wear weather appropriate clothes. **You will NEED a jacket or hoodie.**
- Water bottle (full of water).
- A healthy snack such as an apple or granola bar.

DO NOT bring soda, energy drinks, chips, or candy on hikes

To submit registration form, for help registering, or for other questions please contact:

Annegelica Lopez
Project Coordinator
Prevention@kodiakhealthcare.org
Phone: (907) 486-7388

HIKE SCHEDULE

Hike locations and topics are listed below, but are subject to change due to weather or presenter changes. Any changes will be announced on the Explore the Rock Facebook page, and again at the drop-off location. Please follow us on Facebook to receive these updates.

Hike Date	Hike Location	Special Topic
Thurs, May 31	Sometimes Island	Bear Safety
Thurs, June 7	Old Woman's	CPR/First Aid
Thurs, June 14	Barometer	Addiction and Healthy Choices
Thurs, June 21	Termination Point – Inland	Survival
Thurs, June 28	Buskin Beach	Beach Day/Fishing
Thurs, July 12	Boyscout Lake	Fitness/Nutrition
Thurs, July 19	Near Island/Bowling	Local Plants
Thurs, July 26	Salonie Creek	Hunting Safety
Thurs, Aug. 2	Termination Point – Cliffside	Bullying
Thurs, Aug. 9	Three Sisters	Goal Setting
Thurs, Aug. 16	Abercrombie General Rec. Area	Closing Picnic

Activity Afternoons are open to anyone under 18. There is no deadline for registration. Activities will be hosted on Monday and Friday afternoons throughout the summer for two hours per day, facilitated by KANA staff and adult volunteers. Students can attend as many or as few days as they like. The first Activity Afternoon will be Monday, June 4 and the last will be Monday, August 13.

Drop-off Location: Baranof Park (field on sunny days, covered rink when raining)

Drop-off Time: 1pm on Mondays and Fridays.

End Time: The program will end at 3pm each afternoon.

It is suggested that you bring the following items **EVERY** time you attend. (Please mark all personal items with your name). KANA is not responsible for any lost or stolen property.

- Wear appropriate footwear. **No sandals or flip-flops.**
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- Water bottle (full of water).

DO NOT bring soda, energy drinks, chips, or candy to the program

STUDENT INFORMATION

These activity programs are funded by several State and Federal grants, and we hope to include students of all backgrounds. Your demographic information is only to inform our funders who our programs are reaching and to improve our programs to reach a wider audience.

Name: _____ Age: _____
**Please click on lines to type or print and hand write*

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Male: Female:

Race(s): Check all that apply

- Alaska Native
- American Indian
- Asian
- Black/African American
- Caucasian
- Native Hawaiian
- Pacific Islander
- Other

Ethnicity: Check one

- Not Spanish/Hispanic/Latino
- Hispanic

What grade will you be in during the 2017-2018 school year? _____

Which program(s) will your student participate in: Check all that apply

- Activity Afternoons (Mondays)
- Activity Afternoons (Fridays)
- Activity Afternoons (Both Days)
- Explore the Rock (Thursdays)
- All of the Above

STATEMENT OF CONDUCT - YOUTH PARTICIPANT & PARENT/GUARDIAN MUST SIGN

I understand that when I attend Explore the Rock and/or Activity Afternoons I will comply with this agreement:

- I will stay with the group at all times.
- I will respect the adults supervising activities by following directions.
- I will not criticize or make fun of other group members or use inappropriate language.
- I will not use tobacco, alcohol, or other drugs/substances during or before our outings.
- I will not litter or harm the environment.
- I will respect property, whether my own or someone else's.

**I understand that if I do not abide by this agreement,
it will result in the following consequences:**

- I will only be warned once before my parents are called.
- I may be asked to take a one to two week break from activities.
- My parents may have to pick me up, depending on the severity of the incident.
- I may not be welcome back to the program for the remainder of the summer.

Program Youth Signature

Date

Parent/Guardian Signature

Date

Parent Information (Full Names)

Parent/Guardian Name: _____

Home/Work Phone: _____

Cell Phone: _____

Parent/Guardian Name: _____

Home/Work Phone: _____

Cell Phone: _____

Email: _____

**Please Return Packets to the front desk of the KANA Wellness Center
located at 3400 Rezanof Drive East**

**Packets can also be submitted by email at:
Prevention@kodiakhealthcare.org**

For help registering or for other questions please contact:

**Annegelica Lopez
Project Coordinator
Phone: (907) 486-7388**

MEDICAL TREATMENT RELEASE FOR MINORS

In the event of a medical emergency, I authorize KANA or their designated agents to obtain medical treatment for the minor in the event of my absence. If I am unable to be reached, I hereby authorize the physician or hospital to which the minor is taken to perform all medical services or to have such medical services performed which in the opinion of the physician or hospital are reasonably necessary to the care of the minor.

Name of Minor: _____ Date: _____
Please Print

Parent/Guardian's Signature: _____
(Parent/Guardian must sign if Participant is under 18 years of age)

In case of emergency contact: (Please list someone who is not already listed):

Name: _____ Relationship: _____
Address: _____ Phone #: _____
Family Doctor: _____ Phone #: _____
Participants Health and Accident Insurance Company: _____
Policy #: _____

Please list below any medications, allergies, or limitations (physical, educational, etc.) you may have that KANA staff and/or other adult volunteers may need to know about:

HOLD HARMLESS AGREEMENT

I understand that the Kodiak Area Native Association (KANA) or KANA employees and volunteers will not be responsible for any accidents or injuries which may occur during the duration of the program, of my son, daughter, or legal ward except if the injuries are proven to be directly caused by the intentional act or gross negligence of KANA. This includes, but is not limited to, incidents involving the transportation of youth.

I understand that the activities associated with the Explore the Rock and Activity Afternoons programs have a certain degree of risk. I give my consent for my child to participate in the program.

I affirm that I am the legal guardian of the child whose name appears on the form and have the legal right to sign this agreement.

Name of Minor: _____ Date: _____
Please Print

Parent/Guardian's Signature: _____
(Parent/Guardian must sign if Participant is under 18 years of age)

PHOTO/VIDEO RELEASE

I hereby authorize KANA or their designated agents to use the photographs, video, recordings, and/or any other record of these events taken of me for use in printed and/or online publications. I am aware that these publications will be used to show the success and outcomes of KANA programs. I acknowledge that since my participation in KANA publications is voluntary, I will receive no financial compensation. I may at any time withdraw permission for photos or video footage of me to be used in any publications.

Name of Participant: _____ Date: _____
**Please click on lines to type or hand write*

Participant's Signature: _____
(Parent/Guardian must sign if Participant is under 18 years of age)

2018 Summer Activity Programs

Acknowledgement of Risk and Full & Complete Release of Liability

NAME OF PARTICIPANT _____

NAME OF ACTIVITY _____

In consideration of the services, programs, functions and activities of Kodiak Area Native Association, its agents, employees, trustees, officers, contractors, and all other persons or entities associated with it (collectively referred to hereafter as "KANA") I agree as follows:

Participants (and Parents/Guardians if participant is a minor under the age of 18) please indicate your agreement by initialing next to each paragraph and signing below (Participant on the Left, Parent/Guardian on the Right).

Skill Risks

___ / ___ Although KANA has taken reasonable steps to provide participants with appropriate equipment and skilled staff for the Explore the Rock and Activity Afternoons (hereafter referred to as the Program), so I can enjoy an activity for which I may or may not be skilled, I acknowledge that this activity has risks, including certain risks that cannot be eliminated without altering the unique character of this activity. The same elements that contribute to the unique character of this activity can be causes of loss or damage to my equipment and to accidental injury, illness, or, in extreme cases, permanent trauma, disability or death. I understand that KANA does not want to frighten me or reduce the participant's enthusiasm for this activity, but thinks it is important for participants to know in advance what to expect and to be informed of the activity's inherent risks. I understand that the following describes some, but not all, of those risks.

___ / ___ KANA's Program involves many outdoor activities where participants are subject to numerous risks, environmental and otherwise. Activities may vary, and include but are not limited to track and field events, running on sidewalks, road ways, gravel, grass, sand and may include transportation to and from the locations where these activities occur which may involve risks of injury, disability or death.

Medical Care Risks

___ / ___ KANA's activities will take place in various locations indoors and outdoors. Outdoor activities, in particular may be in locations that could cause significant delays in communicating with and transporting to and from medical facilities.

Travel Risks

___ / ___ Travel may be by automobile or on foot to Program activity locations and possibly over unpredictable terrain, including snow and ice or near water. Attendant risks include automobile or other highway traffic collision, falling, drowning and others usually associated with such travel, as well as environmental risks.

Environmental Risks

___ / ___ Environmental risks and hazards include rapidly moving, deep and/or cold water, insects, and predators, including large animals; falling and rolling rock; avalanches, flash floods, and unpredictable forces of nature, including weather which may change to extreme conditions without notice. Possible injuries and illnesses include hypothermia, frostbite, sunburn, heatstroke, dehydration, and other mild or serious conditions.

Group Safety

___ / ___ I understand that decisions regarding safety are made by the adults supervising the activity and by participants in an outdoor setting, based on a variety of perceptions and evaluations which by their nature are imprecise and subject to errors in judgment. I understand that throughout any of KANA's activities, participants are responsible for their own safety and for the safety of other members of their group.

Inherent Risks

___ / ___ I am aware that KANA's Program activities include risks of injury or death to participants. I understand the description above of these risks is not complete and that other unknown, unmentioned or unanticipated risks may result in property loss, injury or death. I agree to assume responsibility for the inherent risks identified herein and those inherent risks not specifically identified. Participation in these activities and this program is purely voluntary. No one is requiring me or my child to participate. I elect to participate, or to have my child participate, in spite of and with full knowledge of the inherent risks. I acknowledge that KANA staff has been available to fully explain the nature and physical demands of this activity and the inherent risk, hazards, and dangers associated with the activity. I have asked any questions that I have about this activity.

Agreement and Understanding

___ / ___ I have read and understand this release, the general description of the Program activity that I am about to participate in with KANA. This includes the objectives of the Program and physical demands put on me by this activity.

Physical Condition

___ / ___ I have verified with the participant’s physician and other medical professional that the participant has no past or current physical or psychological condition that might affect his/her participation in the Program. I authorize KANA to obtain or provide emergency hospitalization, surgical or other medical care for me or my child.

Personal Responsibility Acceptance

___ / ___ I represent that the participant is fully capable of participating in the Explore the Rock and/or Activity Afternoons activities, without causing harm to others or themselves. Therefore, I, and my parent(s) or guardian if I am a minor, assume and accept full responsibility for me and for injury, death and loss of personal property and expenses suffered by me and them as a result of those inherent risks and dangers identified herein and those inherent risks and dangers not specifically identified, and as a result of my negligence in participating in the KANA Program activity.

Full Release of Claims

___ / ___ Having fully read and understood this document, I, and my parent(s) or guardian if I am a minor, hereby completely and irrevocably release the Kodiak Area Native Association and its officers, directors, employees, volunteers, agents and assigns, trustees, contractors, and all other persons or entities associated with it from any claim or cause of action whatsoever arising from or relating to my participation in the Program, and whether for injury, damage to property, disability or death. I, and my parent(s) or guardian if I am a minor, hereby agree and covenant not to bring or cause to be brought any suit, claim or cause of action against any of them, at any time, before any Court or administrative agency.

___ / ___ I have read, or this document has been read to me by _____, and I understand and accept the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon myself, my heirs, assigns, personal representative and estate, and all members of my family. I agree to defend, indemnify and hold harmless the Kodiak Area Native Association and its officers, directors, employees, volunteers, agents and assigns, trustees, contractors, and all other persons or entities associated with it from any claims which may be brought by or on behalf of myself, or any member of my family, for injury or loss resulting from those inherent risks of the Program, described and not described above, and from my own negligence.

Participant’s Signature: _____

Date: _____

Parent/Guardian’s Signature: _____

Date: _____



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