



2019 BRAVE Summer Program Application

Applications are due by June 7, 2019 at Tiwahun Complex from 8:00 AM- 6:00 PM

Summer Program Orientation- June 17, 2019 | 6-7pm (Tiwahun Complex)

BRAVE Summer Program begins Monday July 8st through August 2nd

PARTICIPANT INFORMATION

Last Name:		First Name:			DOB:	Age:	Gender: M F
Tribal Status:	<input type="radio"/> Tribal Member	Census #:				<input type="radio"/> Non-Tribal	
Street Address:				City:		State:	Zip Code:
School Name:			School District:		Grade Level (2018-2019):		

PARTICIPANT MEDICAL INFORMATION

Primary Care Physician:		Phone Number:	
Insurance Carrier:			
Current Medication:		Medication Allergies:	
Food Allergies:		Other Medical Conditions:	

SUN SAFETY

I understand the YDSP BRAVE Summer Program will be promoting the importance of sun safety in all summer activities. The sun safety policy is in place to protect children, youth and sport/recreation program staff from the potential danger of too much sun exposure. I understand the program will have sunscreen (SPF 30+ or more) available for my child and all youth to use when necessary.

I allow I do not allow

TRANSPORTATION SERVICES (MUST REMAIN THE SAME THROUGHOUT PROGRAMMING)

Morning Pick Up: (FOR DISTRICT 1 ONLY) 7:30 AM	<input type="radio"/> HHS (I'ye Kitu)		
Afternoon Drop Off: 4:30 PM	<input type="radio"/> HHS (I'ye Kitu)	<input type="radio"/> Tiwahun Complex <input type="checkbox"/> Home <input type="checkbox"/> Parent P/U	<input type="radio"/> Parent Authorization Student 11+ years can walk home

TRANSPORTATION/ADMINISTRATION OF FIRST AID AND CPR MEDICAL CONSENT

While I realize that all precaution will be taken for safety of the students, I understand that neither the monitors nor Ysleta del Sur Pueblo will be held responsible in case of an accident. I recognize that my child may require medication during program hours or may be injured while on YDSP property and rendering of first aid (i.e. antiseptic spray and/or Neosporin), may be necessary. CPR will be administered whenever necessary by certified staff members. When necessary, the appropriate emergency personnel will be called to assist. If an accident or illness occurs, I authorize the program's designated representative(s) to consent to a physician and/or emergency medical and/or surgical treatment. It is further understood that program staff will notify parent/guardian as soon as possible if an emergency occurs, but in no way is treatment to be delayed until that time. I hereby release YDSP of all liabilities for any injury or property damage that may occur while child is being transported.

I allow I do not allow

X _____
Parent/Guardian Signature

_____ Date



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PHOTO RELEASE

I understand my child's picture may be taken for YDSP BRAVE Summer Program promotional purposes only. This includes pictures with a camera and/or video recorder. Equipment used for this purpose will be owned by YDSP Department of Tribal Empowerment. I understand that these pictures may be included but not limited to advertising literature on social media, presentations and brochures.

I allow I do not allow

I HAVE READ AND UNDERSTOOD ALL RELEASE STATEMENTS BY SIGNING BELOW

X

Parent/Guardian Signature

Date

PARENT INFORMATION

Mother's/Guardian's Last Name:		First Name:			Cell Phone No.:	
Tribal Status:	<input type="radio"/> Tribal Member	Census ID:			<input type="radio"/> Non-Tribal	
Mother's Email:			Home Phone No.:			
Street Address (if different):			City:		State:	Zip Code:
Parent Volunteer:	<input type="radio"/> *Yes <input type="radio"/> No	*(must have completed application approved before program begins)				
Father's/Guardian's Last Name:		First Name:			Cell Phone No.:	
Tribal Status:	<input type="radio"/> Tribal Member	Census ID:			<input type="radio"/> Non-Tribal	
Father's Email:			Home Phone No.:			
Street Address (if different):			City:		State:	Zip Code:
Parent Volunteer:	<input type="radio"/> *Yes <input type="radio"/> No	*(must have completed application approved before program begins)				

IN CASE OF AN EMERGENCY

Name of local friend/relative (not living at same address):	Relation to participant:	Home Phone:	Work Phone:	Cell Phone:
1.				
2.				

AUTHORIZED PERSONS FOR PICK UP (MUST BE 16 YEARS +)

Name of local friend/relative (not living at same address):	Relation to participant:	Primary Phone Number:
1.		
2.		
3.		

NOTICE OF RELEASE: I do hereby authorize the YDSP BRAVE Summer Program to release my child(ren) to the above listed people in the event I am unable to pick him/her up myself. I release the YDSP BRAVE Summer Program from any and all responsibility for problems that may develop when such persons take my child from the premises.

X

Parent/Guardian Signature

Date



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PARENT REFERENCE MANUAL

I have read, understand and agree that my child and I will abide by all program policies and guidelines outlined in the Parent Reference Manual. I understand repeated failure to follow these policies and guidelines will result in consequences which may include: suspension from the program or transportation; referral to Social Services and/or Tribal Court; and/or removal from the program.

I received the Parent Reference Manual

X

Parent/Guardian Signature

Date



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Scheduled Field Trips

PERMISSION SLIP

In an effort to consolidate the entire week's permission slip, we ask that you fill out this form and indicate which field trips you believe your child will attend. Leave those blank that you know your child will be unable to attend. If this information is to change please contact the department **1 week ahead** of time for us to be able to include your child in the event.

We will be encouraging good behavior, regular attendance and safety throughout the week. Your child may or may not attend a field trip according to their weekly evaluation. We want all children to be safe in all environments.

I, _____, give my child, _____, permission to attend the field trips I have indicated during the BRAVE Summer Program.

Please check all that apply:

- July 12th, 2019 **Week 1: Field Trip 1 | Oasis Lanes: Bowling**
PICK UP: HHS @ 7:30 AM
DROP OFF: Tiwahun Complex 4:00 PM | HHS @ 4:30 PM
- July 19th, 2019 **Week 2: Field Trip 2 | Movies**
PICK UP: HHS @ 7:30 AM
DROP OFF: Tiwahun Complex 4:00 PM | HHS @ 4:30 PM
- July 26th, 2019 **Week 3: Field Trip 3 | Bob O's**
PICK UP: HHS @ 7:30 AM
DROP OFF: Tiwahun Complex 4:00 PM | HHS @ 4:30 PM
- August 2nd, 2019 **Week 4: Field Trip 4 | Water Day at the Park**
PICK UP: HHS @ 7:30 AM
DROP OFF: Tiwahun Complex 4:00 PM | HHS @ 4:30 PM

*schedule is subject to change

Parent/Guardian Signature

Date

For more information please contact:
Education Division Clerk- Bobbie Jo Chavez
Youth Services Coordinator- Carlos J. Maese
Tiwahun Complex
11200 Santos Sanchez St. | Building B
(915) 790- 0227