



## Camp Mamittuq 2024 Registration

**This application is due by May 1<sup>st</sup>, 2024, at midnight.**

Camp Mamittuq is a health career camp that will be held from **June 16<sup>th</sup>-21<sup>st</sup>, 2024** at Camp Nuuk, located near Safety Sound, 22 Miles East of Nome. The camp is hosted by NSHC's IÑUA (Intergenerational Native Understanding & Abundance) program and Tribal Training and Development. Objectives of this camp are to give students resources and practice identifying and using traditional medicinal plants for the benefit of their well-being.

Mamittuq in Inupiaq means 'heals'. This camp will be a positive, safe, and most importantly, fun experience for all who come! Those who complete the one-week long camp will earn college credit – **cost free!**

BSSD and Nome freshman-graduating seniors (9th-12th graders) are encouraged to apply!

At this camp students will receive:

- **College Credit - through UAF**
- **Industry Recognized Credentials**
- **Learn valuable knowledge from local culture bearers.**
- **Connect with NSHC's Tribal Healers, Intergenerational Native Understanding Abundance (IÑUA), and Native Connections program and many others.**

For any questions or to submit a completed application, please contact Vincent Villella [vpvillella@nshcorp.org](mailto:vpvillella@nshcorp.org)

Please scan or take photos of this document along with any questions and send them to Vincent Villella [vpvillella@nshcorp.org](mailto:vpvillella@nshcorp.org)

**This application is due by May 1<sup>st</sup>, 2024 at midnight.**

**You will be informed of your acceptance by May 3<sup>rd</sup>.**

## **STUDENT SECTION**

What is your full name and date of birth?

What is your gender? (Male, Female, Prefer to self-describe etc.)

Where do you live currently?

What is your email?

Mailing Address? (mailing address, zip, state)

What grade were you in during the 23' / 24' school year?

## **Participant Essay Question**

Essay #1 - Tell us why you are applying for Camp Mamittuq and what you hope to get out of this experience.

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Essay #2 - What do you foresee as your biggest challenge at Camp Mamittuq and how do you plan to overcome this challenge?

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## **PARTICIPATION AGREEMENT**

I, as parent or legal guardians of

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approve and give my permission for him/her to participate in any class or program offered by NSHC/NW AHEC Summer Camp. By registering for registrant acknowledges that the activities carried on in the program carry certain risks for the participant. Registrant has independently reviewed and evaluated the risks and determined to engage in the program with full knowledge and acceptance of the risk. The registrants agree to and hereby releases and forever discharge NW AHEC and staff from any and all liability for damages, loss or personal injury arising out of or related to registrant's participation in youth recreational programs.

### **Daily Behavior Management System**

We have two basic expectations for all campers:

1. Treat others the way you want to be treated.
2. Participate and always have a good attitude.

General "Minor" camp disruptions will be handled with the following daily stoplight system.

- 1) First Offense: Verbal Warning
- 2) Second Offense: Removal from activity for 10 minutes
- 3) Third Offense: Student will be sent home and will be issued a cancellation fee.

**Additionally, Norton Sound Health Corporation reserves the right to dismiss students from the program for severe or "major" infractions without going through all the steps mentioned above or for any other problem/issue that could be detrimental to the program or other children.**

The following behaviors are neither acceptable nor tolerated and committing any of the activities listed below will result in immediate expulsion from the program:

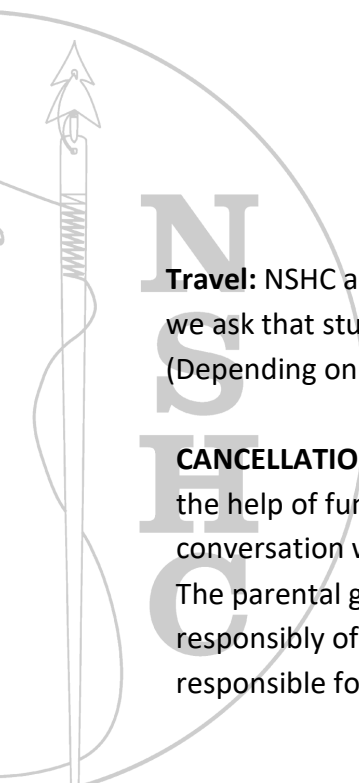
- 1) Weapons/Violence
- 2) Possession and/or usage of alcohol, drugs, or drug paraphernalia

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- a. Possession and/or usage of tobacco products
  - i. First Infraction: Verbal Warning
  - ii. Second Infraction: The student will be sent home on the next available flight, at the expense of the parent and/or student.  
Camp Director will contact the parent(s) of the student.
- 3) Inappropriate relationships and/or attitudes
- 4) Leaving the group without permission
- 5) Stealing
  - a. Students will be sent home upon parent notification and at parent's expense.
  - b. Lost or Stolen Items
    - i. I understand that Norton Sound Health Corporation is NOT responsible for personal property lost or stolen on the Camp facilities or on the camp premises.



**Travel:** NSHC and NW AHEC will cover all travel expenses including room and meals. However, we ask that students flying to Nome maintain contact with the Bering Air agent **1** to 2 hours (Depending on location) before departure so that your child does not miss their flight.

**CANCELLATION/ HOMESICK POLICY:** NSHC / NW AHEC fully funds each summer camp with the help of funders from around Alaska. We ask that you, as the guardian, have a conversation with your child before coming to camp about the possibility of homesickness. The parental guardian or family of a student leaving early for any reason will accept the responsibility of paying the full flight amount. If the student is in Nome the guardian will be responsible for paying for the total amount for housing.

\*\* I have read and understand the Participation Agreement with my child and we understand the expectations. By signing below, I am saying I have read the above text and understand the responsibilities if my child break a non-negotiable rule.

Student Signature - \_\_\_\_\_

Parent Signature - \_\_\_\_\_

T. 907.443.3311 | F. 907.443.2113 | P.O. BOX 966, NOME, ALASKA 99762-0966 | [www.nortonsoundhealth.org](http://www.nortonsoundhealth.org)

## **EMERGENCY CONTACT INFORMATION**

### Emergency Contact #1

a. Name

b. Phone Number

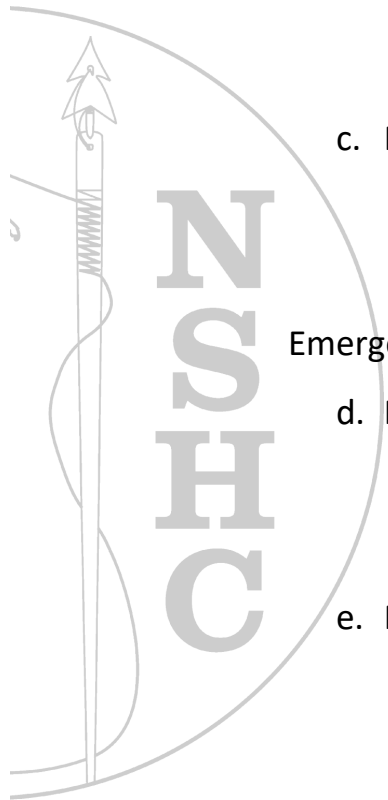
c. Relationship to you

### Emergency Contact #2 (Must be different from Emergency Contact #1)

d. Name

e. Phone Number

f. Relationship to you



**Medical Information**

Describe any physical or emotional conditions requiring special attention by camp staff.  
(Surgeries, Illnesses, Physical Restrictions, Allergies, Chronic Health Problems,  
Behavioral Considerations, etc.)

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Current Prescriptions and non-prescription drugs and medications:

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**Authorization for Emergency Medical Care**

I hereby give my permission for camp staff to call a doctor or emergency medical service and for the doctor, hospital or medical service to provide emergency medical or surgical care for my child (write in name):

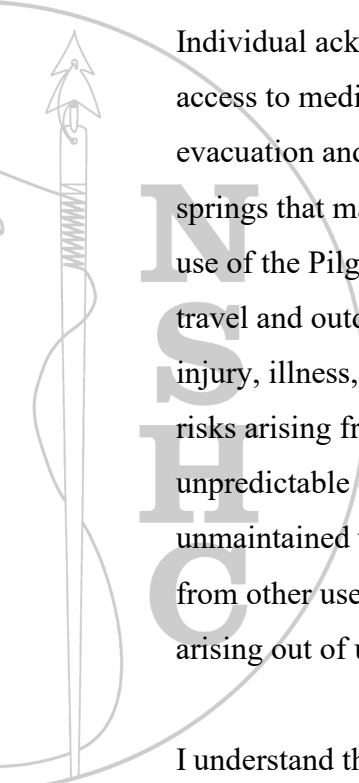
Should an emergency arise, it is understood that the Camp Mammittuq staff will make a conscientious effort to locate the parent/guardian, or the emergency contact listed on the registration document before any action will be taken. If it is not possible to locate the emergency contact listed, I will accept the expense of emergency medical or surgical treatment.

**Signature of parent/guardian** \_\_\_\_\_

**Date** \_\_\_\_\_

**NORTON SOUND HEALTH CORPORATION - BEHAVIORAL HEALTH SERVICES  
RELEASE OF LIABILITY AND USER AGREEMENT**

Norton Sound Health Corporation (NSHC) Behavioral Health will be hosting PICKING GREENS, BERRY PICKING, FISHING, HIKING, PILGRIM HOT SPRINGS and CAMP NUUK OUTING with Kawerak during Camp Mammituq 2024 NSHC will be driving to several locations outside of Nome city limits to gather local edible plants, berries, and fish for consumption with approved guests.



Individual acknowledges that the Pilgrim Hot Springs is located in a remote area without ready access to medical facilities, where communication and transportation are difficult, and where evacuation and medical treatment may be delayed. The Pilgrim Hot Springs contains hot mineral springs that may cause serious injury or death. Individual further acknowledges that access and use of the Pilgrim Hot Springs involves inherent risks, dangers and hazards associated with travel and outdoor activities in remote Alaska. Such risks include property damage, personal injury, illness, mental or emotional trauma, disability or death, and include without limitation: risks arising from visiting remote areas; possible exposure to dangerous wildlife, severe and unpredictable climate conditions and other natural hazards; risks associated with use of unmaintained trails and structures, treacherous terrain and rutted, unpaved roads; and risks posed from other users of the Pilgrim Hot Springs. Individual expressly agrees to assume all risks arising out of use of the Pilgrim Hot Springs.

I understand that I must wear a seatbelt and remain seated while the van is moving.

I understand I must follow all directions of activity leaders when present. I understand that I could suffer property damage, as well as minor or serious injuries, including bruises, scrapes, cuts, loss of limb and/or life. I understand, accept, and assume all risks of my participation. I understand the activity could inflict harm, including illness if handled in a negligent way. I do not have any medical condition(s) that could interfere with my safe participation in the activity.



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I understand by my signature below that for and in consideration of the privilege of use of either room or the activities contained therein, I agree to hold NSHC harmless for any injury that may occur while engaging in any activities while out gathering greens, berry picking, fishing, hiking, or a Pilgrim Hot Springs outing. I understand by signing I am waiving certain legal rights including the right to sue NSHC, its agents, board members, representatives, employees, and administrators for any claims, demands, relief, or causes of action, whether known or unknown, under either federal or state law, for negligent acts or omissions.

**I HAVE READ AND FULLY UNDERSTAND THIS RELEASE OF LIABILITY AND USER AGREEMENT AND AGREE TO BE BOUND BY IT DURING THIS EVENT.**

\_\_\_\_\_  
**Participants Signature**

\_\_\_\_\_  
**Participant Printed Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Guardian Signature**

\_\_\_\_\_  
**Participant Printed Name**

\_\_\_\_\_  
**Date**

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I authorize Norton Sound Health Corporation (NSHC) to use my information (through interview, photograph, video, or other) for the following marketing and public relations purposes:

All purposes (e.g., newsletters, annual reports, social media, advertisements, etc.)

Specified purpose(s):

I understand that the information used or disclosed pursuant to this authorization is not covered by federal privacy regulations, and that any health information disclosed may be re-disclosed and is no longer protected under federal law.

I understand that I do not need to sign this authorization. Refusal to sign the authorization will not adversely affect my ability to receive health care services or reimbursement for services.

To revoke this authorization, please send a written statement (including your full name, address and phone number) stating that you are revoking this authorization to:

*Public Relations, Norton Sound Health Corporation, P.O. Box 966, Nome, AK 99762*

Initial Here  
\_\_\_\_\_

I have read this authorization and I understand it. Unless revoked, this authorization expires: (specify either date or event) June 17, 2022

Signature of parent/legal guardian :

Date :

*For official NSHC Use Only.*

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