

Dear Parents,

Welcome to the Camas Learning Center's 2017-2018 school year. We provide in-school and after-school services: Monday-Thursday **3:00-6:15pm** (weather permitting). Students from 6th-12th grades who attend Cusick School District are eligible to participate in our program. We have after-school snacks, a safe and fun environment for students to learn and spend time with their friends. Lone Yellowjohn is the 6th-8th grade coordinator and Samantha George is the 9th-12th grade coordinator. Staff will work with teachers, parents and students inside as well as outside of school to help each student be as successful as they can be. Sis (Brenda) Peone and Jason Cullooyah are the Activity Specialists' who will work in the learning center with your children providing healthy snacks, tutoring, and overall guidance to your students. Please fill out and sign the forms and return them to our building or with your students.

Our schedule for this year will be as follows, weather permitting:

(*NOTE: With the new school schedule, there will be some minor changes to our routine after school. We will keep everyone updated on these changes, ASAP.

- Monday-Thursday: **3:40pm-6:15pm***
- Tuesday/Wednesday: 3:40-4:00 Smoking Cessation/Healthy Choices activity.
- First 20 minutes of each day will allow students to eat and enjoy supervised free time.
- Homework will start between 3:40pm-3:50pm and run until 5:15pm
- Students in the 6th grade will be taken home by **5:00pm each day**. 7th-12th can work until close. (*Dependent on no transportation issues*).

We are happy to introduce a strong academic program this year. Students will be expected to raise their grade point average with the support of coordinators and tutors available to them Monday-Thursday. The increased grade point average (GPA) will help students be eligible for sports, summer employment, and college. Students will be invited to join us on our first incentive trip regardless of their GPA. After the first incentive they must meet a 2.2 GPA with no F's. We know that each student is capable to achieve this goal and we will be here to support them. Students must attend an average of 2 days per week at the Camas Learning Center or more to be eligible for the monthly incentive trips. We realize that after school responsibilities can conflict with attending an average of twice a week. Staff will decide eligibility for incentives on a case to case basis in regards to attendance. Please call or come by CLC anytime we're open.

Sincerely,

Cory Swennumson
Youth Activities Supervisor

509-447-7140

Kalispel Tribe of Indians Camas Learning Center (CLC) Forms Checklist

- _ CAMAS RULES TO LIVE BY

- _ STUDENT INFORMATION

- _ PARENT INFORMATION

- _ INTERNET PERMISSION FORM

- _ KALISPEL TRIBE OF INDIANS CAMAS LEARNING CENTER
 - o AGREEMENT, WAIVER & RELEASE

- _ KALISPEL TRIBE OF INDIANS CAMAS LEARNING CENTER
 - o MEDICAL RELEASE/PERMISSION TO TREAT

- _ KALISPEL TRIBE OF INDIANS CAMAS LEARNING CENTER
 - o AUDIO/VIDEO/PHONT/PRESS RELEASE

Camas Rules to Live By

(Read this with your students)

Once you enter through the Camas doors you will be held to the following standards. If any rule is broken, repercussions will follow including, potentially losing eligibility to attend incentive trips, and suspension from the program.

- Absolutely no students can go outside without informing a staff member
 - A staff member is required to supervise all student activities outside of the building
 - There are some situations in which a student will not be allowed to leave the building at all.
- Disrespect towards staff, tutors and /or other students will **not** be tolerated
 - This includes, but is not limited to :
 - Bullying, talking back, leaving the CLC without checking with staff members, being disruptive during homework hour, arguing, hitting, fighting, etc.
- Substance abuse of any kind will **not** be tolerated
 - The CLC is a drug and alcohol free environment
 - Serious repercussions will follow if a student is:
 - Caught with and/or taking any form of illegal substances
 - Talking or joking about illegal drugs
 - If you partake of illegal substances and want to quit, we have the tools, resources and support you need to help achieve that goal. We are here for you!
 - If drug or alcohol use is prevalent at our center, law enforcement and parents will be notified immediately.

I, _____, have read and understand the Camas Rules to Live By and agree to obey these rules while at the Camas Learning Center. I understand that violating these rules will lead to consequences that may result in service projects, suspension and/or expulsion from the program.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Parent/Child Contact Information

Child Name: _____

Birth Date: _____ Cell #: _____

T-shirt Size: S M L XL XXL

Parent Name: _____

Mailing Address: _____

Email Address: _____

Home Phone: _____

Cell Phone(s): _____

Work Phone(s): _____

How would you like to be contacted regarding grade information?

Mail **Phone Call** **Text** **Email** **Other:**

Where would you like to be contacted?

Work **Home** **Other:** _____

How often would you like to be contacted with your student's academic progress?

Once a week **Bi- Weekly** **Monthly** **Specific Grade/%** _____

All incoming Junior and Seniors:

Would you like help finding college information and/or scholarships?

YES

NO

Student Athlete Expectations
(Read this with your students)

Here at the Camas Learning Center we encourage all students to participate in an extracurricular activity. The lessons learned on the field, track, and court are valuable life lessons that they will take with them well after the completion of High School. With that said, student athletes must realize that they are a student first. As we know, these practices and games can go late into the evening leaving little time to complete assigned homework. If your athlete(s) utilize the Camas Learning Center after a game or practice, here are a few rules that they must follow:

- Students must immediately get to the CLC after the conclusion of their practice/game.
- Students must bring something to work on: Homework, projects, studying, etc.
- Once the students arrive they must get settled in and begin working on their tasks immediately.
- Student athletes must respect all staff requests without incident while at the CLC.

*If these expectations are not followed by the student athletes, staff will handle each situation accordingly, including the student finding an alternate way home.

We look forward to another school year with your student athletes! We are here to support them with their academic and athletic goals anyway possible. On behalf of the entire CLC staff we wish you the best of luck in your upcoming season! Please sign below to acknowledge that you have read and agree to the expectations.

Parent Signature
(Print and sign)

Student Athlete

INTERNET PERMISSION FORM

User Contract (All users and students must read and sign this section)

Use of the Camas Learning Center's computer network is subject to the following conditions:

1. The Camas Learning Center reserves the right to prioritize use and access to the system.
2. No use of the system shall serve to disrupt the operation of the system; system components including hardware or software shall not be destroyed, modified or abused in any way.
3. Malicious use of the system to develop programs that harass other users or gain unauthorized access to any entity on the system and/or damage the components of an entity on the network is prohibited.
4. Users are responsible for the appropriateness and content of material they transmit or publish on the system. Hate mail, harassment, discriminatory remarks, or other antisocial behaviors are expressly prohibited.
5. Use of the system to access, store or distribute obscene or pornographic material is prohibited.
6. Communications may not be encrypted so as to avoid security review.
7. Users may not attempt to hide in any way their online or offline activity from Camas Staff. Any attempt to do so will result in permanent suspension of internet privileges.
8. Personal information such as complete names, addresses, telephone numbers and identifiable photographs should remain confidential when communication on the system. Students should never reveal such information without permission from their parent or guardian.
9. Students should never make appointments to meet people in person that they have contacted on the internet without permission from their parent or guardian.
10. Students should notify a staff member or other adult whenever they come across information or messages that are dangerous, inappropriate or make them feel uncomfortable.
11. Students must attend a monthly internet safety class to remain eligible to use the internet.

I, _____, agree to follow the above guidelines while accessing the internet at the Camas Learning Center. I understand that use of the internet is a privilege that may be revoked by the Camas Learning Center at any time.

Student Signature: _____

Date: _____

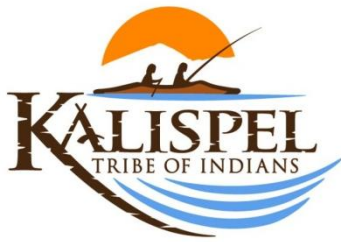
Parental Consent (parents and guardians must read and sign below)

The Camas Learning Center provides access to the internet free of charge. This access is restricted to adults and minors who have signed permissions from their parent or guardian. It is the wish of the Camas learning Center to provide a safe environment for all our visitors. To this end, we use "net Manny" software to filter out undesirable content on the internet. However, it is important that parents and guardians understand that due to the vast and constantly changing nature of the internet, it is impossible for us to catch everything. Despite our best efforts, **your children will encounter material you do not want them to access.** It is important you discuss with your child the appropriate steps to take when this kind of material is encountered. In addition to the conversations you gave with your child, the Camas learning Center will require minors to take monthly classes about internet safety and appropriate behavior while online. If a student violates the contract we will contact you and suspend his or her internet privileges. By signing below you agree that your student is responsible enough to access the internet appropriately and therefore agree to hold harmless the Kalispel Tribe of Indians, Camas Institute, Camas Learning Center and Learning Center staff and any agency associate with providing internet access at the Camas Learning Center. **Remember parents and guardians are legally responsible for the actions of their students.**

I, _____, have read and understand the above information and give
(student) _____ permission to access the internet at the Camas Learning Center.

Parent/Guardian Signature: _____

Date: _____



CAMAS LEARNING CENTER YOUTH ACTIVITIES PROGRAM AGREEMENT, WAIVER & RELEASE

The undersigned, as parent or legal guardian of _____,
(hereinafter "child") request that the child be allowed to participate in the Youth Activities Program (hereinafter "program"), operated by the Camas Learning Center, an entity of the Kalispel Tribe of Indians, a Federally recognized tribe.

I understand my child will participate in a variety of activities including cultural activities during the program. I understand these activities will occur indoors and outdoors, during both daylight and nighttime hours. I understand the outdoor setting includes natural hazards such as rocks, trees, cliffs, water, wind, heat, etc. I have been informed and am aware that cultural activities include, but are not limited to; nature walks, hunting, gathering, meat drying, knife handling, sweats, jump dances, and any other cultural or community event presented by the Kalispel Tribe or its community members, before, during or after school.

I further understand the Program will offer "incentive trips" or "incentive activities" to participants who are in good standing at school. Per Federal laws governing education records, I expressly give the child's school permission to disclose child's grades, including missing assignments, to program for the limited purpose of determining child's eligibility to participate in these trips and activities. (34C.F.R & 99.30)

I understand the Program strives to provide a safe learning environment for participants. In order to protect the safety of participants and ensure adequate supervision, the Program follows an adult to child ratio of 1 to 10.

PERMISSION GRANTED

I give permission for child to participate in trips and activities organized by program staff. I give permission for child to travel by common carrier, or in vehicles owned or operated by the program. I expressly give the program permission to transport my child to and from the Camas Learning Center, to and from home, as well as to and from tribal events in conjunction with a trip and activity organized by the program.

I give permission for child to use any and all equipment necessary for participation in the program. I understand I am responsible for child's own equipment, supplies and personal property used during the program.

CONDITIONS OF PARTICIPATION

I understand Child is expected to cooperate with, and follow the directions of, persons in charge of program. Child shall act in a manner consistent with the spirit of good sportsmanship and respect for the rights of others. Failure to do so may result in child's removal from the activity or program.

I warrant child is in good health and I know of no reason why he/she would be incapable of participating in the program. I will notify program staff if a change in child's health or condition would affect child's ability to participate in activities or the program.

ASSUMPTION OF THE RISK

I acknowledge that having my child participate in the program includes inherent risks, hazards and danger that cannot be predicted or controlled. I assume any and all risks and hazards associated with my child’s participation in the program. Further, I assume any and all risks and hazards associated with the use of equipment during activities that may break, fail or malfunction, despite reasonable maintenance and use. These risks include, but are not limited to, the possibility of death or paralysis, and injuries or illness.

WAIVER OF LIABILITY

I herby for myself, my heirs, legal representatives, or anyone else claiming on my behalf releases the Kalispel Tribe of Indian, the program and any of their officials, employees, or agents from responsibility or liability as regards to injuries or damages suffered by the child in connection with his/her participation in the program. The undersigned further releases and discharges the Kalispel Tribe of Indians, the program and any of their officials, employees, or agents, for any and all judgments and/or claims from any cause whatsoever that may be suffered to his/her person and/or property.

INDEMNIFICATION

To the fullest extent permitted by law, the Kalispel Tribe of Indians agrees to indemnify the undersigned from any claims for any and all loss or damage, personal injury, property damage or wrongful death, costs and expenses including reasonable attorneys fees and litigation expenses, arising out of third party claims for liability as a direct result of the Kalispel Tribe’s sole negligence.

SOVEREIGN IMMUNITY

Nothing in this document, nor any action taken by the Kalispel Tribe of Indians, or any of its officers, employees, and agents shall be deemed to be a waiver of the sovereign immunity of the Kalispel Tribe of Indians, which immunity is expressly asserted. Any waiver of the sovereign immunity of the Kalispel Tribe of Indians, must be explicit and in writing and fully comply with tribal and federal requirements for the waiver of such immunity.

I HAVE READ THIS REEASE OF LIABILITY AND ASSUMPTION OF RISK, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTATIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

This is to certify that I, as parent/guardian with legal responsibility for this hold, do consent and agree to his/her participation in this program, and hereby execute this agreement, waiver and release.

Signature

Date

Name (please print)

Relationship

Childs Name

Date of Birth

**KALISPEL TRIBE OF INDIANS
CAMAS LEARNING CENTER
YOUTH ACTIVITIES PROGRAM**

MEDICAL RELEASE/PERMISSION TO TREAT

READ CAREFULLY BEFORE SIGNING!

WITHOUT THIS COMPLETED FORM, YOUR CHILD WILL **NOT** BE ALLOWED TO PARTICIPATE IN THE KALISPEL TRIBE OF INDIANS CAMAS LEARNING CENTER YOUTH ACTIVITIES PROGRAM.

Please Print:

CHILD'S PERSONAL INFORMATION

Name of Child: _____ Date of Birth: _____

Age: _____ Sex: Male Female Home Phone: _____

Address: _____ City, _____ State: _____ Zip: _____

Mother/Guardian Name: _____ Work Phone: _____

Cell Phone: _____

Father/ Guardian Name: _____ Work Phone: _____

Cell Phone: _____

Child in Custody of:

Both Parents Mother Father

Other (name and phone) _____

Child lives with:

Both Parents Mother Father

Other (name and phone) _____

CHILD RELEASE AUTHORIZATION

Persons **AUTHORIZED** to pick up my child from the Youth Activities Program.

Name:	Phone#:	Relationship:
_____	_____	_____
_____	_____	_____

Persons **UNAUTHORIZED** to pick up child from the Youth Activities Program

Name:	Relationship:
_____	_____
_____	_____

EMERGENCY INFORMATION

Authorized persons, other than parents, to be called in case of an emergency:

Name:	Phone#:	Relationship:
_____	_____	_____
_____	_____	_____

MEDICAL INSURANCE AND DOCTOR INFORMATION

Please attach a copy of your insurance card.

Medical Insurance Company: _____

Group #: _____ Policy#: _____

Company's Address: _____

City: _____ State: _____ Zip: _____

Phone#: () _____

Family Physician Name: _____ Phone #: () _____

Dentist Name: _____ Phone#: () _____

CHILD'S HEALTH RECORD

Check if applicable:

<input type="checkbox"/>	Ear Infection	<input type="checkbox"/>	Poison Oak	<input type="checkbox"/>	Rheumatic Fever	<input type="checkbox"/>	Diabetes
<input type="checkbox"/>	Insect Stings	<input type="checkbox"/>	Convulsions	<input type="checkbox"/>	Penicillin	<input type="checkbox"/>	Hay Fever
<input type="checkbox"/>	Behavioral Problems	<input type="checkbox"/>	Tetanus Shot Date:				
<input type="checkbox"/>	Food Allergies (list all): _____						

Other: _____

Please list limitations (asthma, diabetes, allergies, etc.), and/or special instructions. (Allergic to certain meds, rare blood type, wears contact lenses, etc.):

Please list ALL operations/serious injuries within the last 5 years:

List all medication taken on a regular basis and/or any that is being taken by the child during the Youth Activities Program (**prescription medication MUST have a pharmacy label and name of doctor**)

ACTIVITIES MY CHILD IS NOT AUTHORIZED TO ENGAGE IN

My child does not have permission to engage in the following activities:

The information on this medical release is correct to the best of my knowledge. My child, _____, has permission to engage in all prescribed Youth Activities Program activities except as noted. Every effort will be made to notify parents/legal guardians and the primary and secondary contact person (in event the parents/legal guardians cannot be reached) if their child has a persistent and/or reoccurring illness or injury during his/her time at the Youth Activities Program, before outside treatment is obtained. In the event of an emergency the Program will seek emergency medical assistance first and then attempt to contact the parents or legal guardian (and the primary and secondary contact person in the event the parent/legal guardian cannot be reached).

Authorization for Treatment: I hereby give permission to the Youth Activities Program to seek medical attention for my child, including transportation to a medical facility. I hereby give permission to medical personnel selected the Youth Activities Program to order x-rays, routine tests, treatment, and necessary transportation for my child. In the event of an emergency, I hereby give permission to the physician or other medical personnel selected by the Youth Activities Program to hospitalize, secure proper treatment, order injections and/or anesthesia and/or surgery to my above named child.

I further authorize the release of the above medical information to appropriate medical personnel and/or health coverage insurance company. In addition, I have, and do hereby release the Kalispel Tribe of Indians, its employees, officers and agents from liability associated with my child's participation in the Kalispel Tribe of Indians Camas Learning Center Youth Activities Program.

I understand that the Kalispel Tribe of Indians does not provide medical insurance to me or my child for his/her participation in the Youth Activities Program. I understand that if I do not have medical insurance, I, as the parent or legal guardian, will be responsible for any medical expenses in the event of a sickness and/or injury.

Name of Parent or Legal Guardian (Please print): _____

Signature of Parent or Legal Guardian: _____ **Date:** _____

<p>Accepted on behalf of the Kalispel Tribe of Indians Camas Learning Center Youth Activities</p> <p>Program by _____ on this date: _____</p>
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**Kalispel Tribe of Indians
Camas Learning Center
Youth Activities Program**

AUDIO/VIDEO/PHOTO/PRESS RELEASE

I hereby authorize the Kalispel Tribe of Indians' Camas Learning Center Youth Activities Program and assigns: to take and use audio and video recordings, and any photographs, likeness, characterizations or other resemblance of the following child(ren),

for any and all purposes, including but not limited to informational, educational or promotional purposes in any publication, website or brochures.

I hereby waive any right I may have to **approve** the final form and content of the use of any resemblance of the child(ren).

I hereby waive any and all rights, claims, demands and actions, which I, or the above child(ren), my heirs, executors or assigns may have on account of the use of any of the of the above.

BY MY SIGNATURE BELOW, I REPRESENT AND AFFIRM THAT I HAVE READ, UNDERSTAND, AND AGREE TO THE FOREGOING AUTHORIZATION.

FURTHER, I REPRESENT AND AFFIRM THAT I HAVE THE AUTHORITY TO ENTER INTO THIS RELEASE ON BEHALF OF THE ABOVE NAMED CHILD(REN).

Date: _____

Print Parent/Guardian Name: _____

Parent/Guardian Signature: _____