

UNIVERSITY of NORTH CAROLINA
PEMBROKE

Project ACCESS Saturday Camp

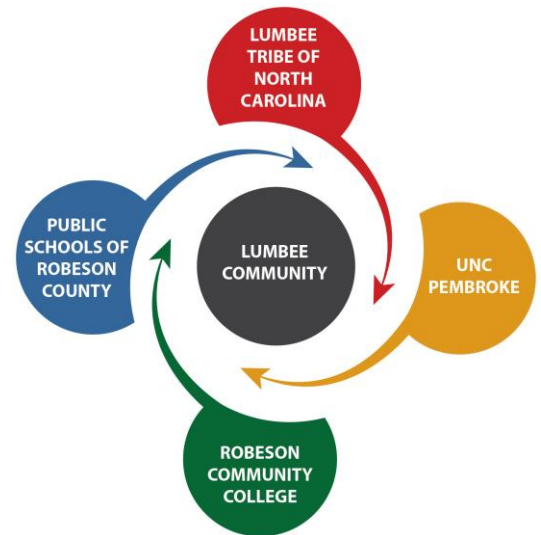
Funded by the U.S. Department of Education’s Office of Indian Education through a partnership between the Lumbee Tribe of North Carolina, the Public Schools of Robeson County, Robeson Community College, and the University of North Carolina at Pembroke

Dates: September 17, 2016; October 15, 2016; November 19, 2016; January 28, 2017; February 18, 2017; March 18, 2017; April 8, 2017

Location: The University of North Carolina at Pembroke

About the *Project ACCESS Saturday Day Camp*:

1. *Project ACCESS* (Achieving College Opportunities, Community Engagement, and Student Success) is an initiative funded by the U.S. Department of Indian Education’s Office of Indian Education. The goal of *Project ACCESS* is to improve access to higher education and career preparedness for American Indian youth of Robeson County. The initiative will engage Native youth, their families, and their tribal communities to be active participants in the process.
2. The *Project ACCESS Saturday Day Camp* is a **FREE** camp, held at UNC Pembroke.
3. Applicants will select one (1) of the seven (7) dates to attend: **September 17, October 15, November 19, January 28, February 18, March 18, and April 8.**
4. Each camp will host 12 American Indian seventh and eighth grade students that attend the Public Schools of Robeson County.
5. Students will learn about SAT/ACT test taking strategies, STEM (science, technology, engineering and math) fields and career opportunities, healthy eating and healthy lifestyles, community needs and college and career preparedness.



Application Deadline: September 7, 2016 for 1st camp, no later than 5 p.m.

Return completed application to:

- Indian Education YDS staff or mail to: Southeast American Indian Studies Program, UNC Pembroke, PO Box 1510, Pembroke, NC 28372

Additional Information:

- Myia Reyes (Lumbee), Community Engagement Specialist, Southeast American Indian Studies Program | Email: myia.reyes@uncp.edu | Phone: 910.775.4663 | Fax: 910.522.5795

2016 Project ACCESS Saturday Day Camp

Program Application

Student's Full Name: _____ Preferred: _____

Student's 506 #: _____

Parent/Guardian's Name(s): _____

Mailing Address: _____

Physical Address (if different): _____

Home Phone: _____

Parent/Guardian's Email (if available): _____

Student Email (if available): _____

Student's Age: ____ Date of Birth (MM/DD/YYYY): _____ Gender: ____

Student is a: seventh grader () eighth grader ()

Middle School: _____ GPA: _____ T-Shirt Size: ____

Tribal Affiliation(s): _____

Choose Date (please prioritize the date you wish to attend by ranking three dates from 1 (most preferred) to 3 (least preferred) :

() September 17 () October 15 () November 19 () January 28
() February 18 () March 18 () April 8

Please include the following:

1. Short essay: Why are you interested in this opportunity? (no more than 250 words)

Contract

I _____ (student's full name) promise to abide by the rules and regulations, which govern the *Project ACCESS Saturday Day Camp*, and to make proper use of the educational advantages offered. If, for any reason, I violate any part of this contract, I acknowledge I may be dismissed from the *Project ACCESS Saturday Day Camp*, and sent home immediately.

Student's Signature

Date

Parent/Guardian's Signature

Date

2016 Project ACCESS Saturday Day Camp

UNC Pembroke Camp Program Information Guide

The *Project ACCESS Saturday Day Camp* seeks to engage participants with interactive, fun, rewarding, and safe learning experiences. The program staff is dedicated to giving each participant an experience to remember. UNC Pembroke also makes reasonable accommodations for participants with disabilities. Every effort will be made to assist with any special needs.

Accidents and Emergencies

The Emergency Phone Numbers Section of the Parental Consent, Assumption of Risk and Release from Liability section of this form must be filled out completely. It is recommended that all participants have medical coverage prior to attending the program. In case of an emergency or accident involving a participant, the parent/guardian will be contacted following notification of the appropriate emergency personnel. Staff will make requisite provisions to ensure a safe experience.

Participants are required to wear the safety equipment for applicable activities.

Participant Conduct

UNC Pembroke believes it is important that participants act in a respectful manner toward other participants and staff. Consequently, there are certain standards and expectations to which participants must be held. The program's goal is to promote strong morals, responsibility, and respect for self, culture, other program participants, and the environment.

Capturing Participant's Smiles

Throughout the program, UNC Pembroke's University Photographer and others may photograph and/or record program participants. Photos and videos may be used for publications, advertising, social media, and promotional materials. Please indicate your preference for the use of photos/videos of your child for promotional purposes by adding your initials to the desired line.

_____ I give permission to UNC Pembroke and the Southeast American Indian Studies Program to use photographs/videos of _____ (student's name) while attending the *Project ACCESS Saturday Day Camp*.

_____ I do not give permission.

Parent/Guardian's Signature

Date

Parent/Guardian's Printed Name

2016 *Project ACCESS Saturday Day Camp*

Parental Consent, Assumption of Risk, and Release from Liability

The following information will enable the *Project ACCESS Saturday Day Camp* staff and/or local healthcare facilities to provide prompt care to participants in case of an emergency. We must have on file the parental consent information requested below.

Student's Full Name: _____

Insurance Company's Name: _____

Medical/Hospitalization Insurance Policy #: _____

Phone Number of Office Holding Policy: _____

Emergency Phone Numbers

Parent/Guardian's (Home): _____ Parent/Guardian's (Home): _____

Work: _____ Work: _____

Cell: _____ Cell: _____

Email: _____ Email: _____

Additional emergency contact in case the parent/guardian(s) cannot be reached:

Name: _____ Relationship to student: _____

Home Phone: _____ Cell: _____

Email: _____ Physical Address: _____

I voluntarily agree to allow my child to participate in this activity and hereby accept and assume all such risks, known and unknown, and assume all responsibility for the losses, costs and/or damages following such injury, disability, paralysis or death, even if caused, in whole or part, by the negligence of UNC Pembroke with the exception of willful or gross negligence.

In consideration of allowing my child to participate in this activity, as well as the use of any of the facilities and the use of the equipment, I hereby agree as follows:

1. I certify that my child, _____, who is enrolled with this agreement, is in excellent health, and may participate in strenuous physical activities associated with the *Project ACCESS Saturday Day Camp* hosted by the University of North Carolina at Pembroke.
2. TO WAIVE AND RELEASE ANY AND ALL CLAIMS based upon negligence, active or passive with the exception of intentional, wanton or willful misconduct that I may have in the

future against any of the following named persons or entities and their officers, directors, employees, representatives, agents and volunteers.

- a. *Project ACCESS Saturday Day Camp* Program and Staff
 - b. Southeast American Indian Studies Program
 - c. The University of North Carolina at Pembroke
3. To release UNC Pembroke, their officers, directors, employees, representatives, agents and volunteers, from liability and responsibility, whatsoever, for any claim of action that I, my estate, heirs, executors or assigns may have for any personal injury, property damage or wrongful death arising from this activity whether caused by active or passive negligence of UNC Pembroke or otherwise with the exception of gross negligence. By executing this document, I agree to hold UNC Pembroke harmless for any injury, including, but not limited to, paralysis or permanent disability, or loss of life, which may occur to my child during this activity and/or instruction.
 4. Permission is granted in the agreement for my child to receive emergency medical treatment, if needed, and I certify that there are no limits to my child's participation in *Project ACCESS Saturday Day Camp* activities, except as stated in writing, and included with the Health History/Emergency Medical Information Form, which is attached.
 5. I understand and acknowledge that the *Project ACCESS Saturday Day Camp* does not offer any medical insurance to protect against injuries, makes no claims to do so, and has no responsibility for any medical expenses incurred. I understand that each participant must assume the risk, and any related financial responsibility that could result from participation in any of these activities. I agree to assume any risk and financial responsibility.
 6. By entering into this agreement, I am not relying on any oral or written representation or statements made by UNC Pembroke, other than what is set forth in this agreement. I further agree that this Agreement shall be governed by and interpreted in accordance with the laws of the State of North Carolina, United States of America.
 7. If any provision of this release is found to be unenforceable or invalid, that provision shall be severed from this contract. The remainder of this contract will then be construed as though the unenforceable provision had never been contained in this document.

I hereby authorize the director, assistants, or other persons responsible for my child's care to act on my behalf, according to their best judgment, for said minor in any emergency requiring medical attention, and I hereby waive and release the *Project ACCESS Saturday Day Camp*, staff, the Southeast American Indian Studies Program, and UNC Pembroke of all liability for any illness or injuries incurred while at, or in transit to and from the program.

Parent/Guardian's Signature

Date

Parent/Guardian's Printed Name

2016 *Project ACCESS Saturday Day Camp*

Health History/Emergency Medical Information Form

1. Student's Full Name: _____
2. Are there any special needs or accommodations required? _____ Yes _____ No
 - a. If yes, please specify: _____
3. Are there any activities to be limited as recommended by student's physician? _____ Yes
_____ No
 - a. If yes, please specify: _____
4. Any allergies? _____ Yes _____ No
 - a. If yes, please specify: _____
5. Allergic Reactions: _____
6. Any prescribed medication being taken? _____ Yes _____ No
 - a. If yes, please specify: _____
7. Any food/dietary restriction? _____ Yes _____ No
 - a. If yes, please specify: _____
8. Date of last tetanus shot: _____
9. Past illness or other information that would be useful in the event treatment is necessary: _____

I affirm that the information provided above is true to the best of my knowledge. The student herein described above has permission to engage in all activities relative to the *Project ACCESS Saturday Day Camp*, except as noted.

Parent/Guardian's Signature

Date

Parent/Guardian's Printed Name