



Our staff is so excited to welcome you and your young ones to our 2016 Summer Program!

The other good news is that this form is good for the 2016 Summer Program and the 2017 School Year. Once you complete this form, you won't have to do so again until the end of the 2017 school year. But, as usual, we ask you to please update us if any of your phone numbers or emergency contact phone numbers have changed.

We'll be admitting 120 youth to the Summer Program and the first priority for admission will be given to youth who have more regularly attended the After School Program this last school year. The best way to ensure your spot (or spots) is to get the completed application in for each youth.

This year, we need to make sure we have a completed packet for any one of our youth before they can start attending the Summer Program. If we do not have a completed form on file, a youth will not be allowed to participate and will need to be picked up from Program. Please understand that this is ultimately for your child's complete safety, and it also helps our Tribe make money since we receive funding for providing Behavioral Health group sessions. Just filling out this packet also helps your family with such beneficial services.

You'll see that we're offering one field trip approval sheet for all of the exciting trips, but we'll be happy to send individual field trip approval forms if necessary. The last two pages of this form is the Trampoline Zone Waiver. These waivers are good for one year, which is why we're asking you to please renew it now so the youth will have fun jumping this summer and throughout the school year.

We also updated the discipline policy and some of you have even experienced the ways that we're trying to partner hand-in-hand with families to improve negative behaviors. Our staff works hard every day to keep our program and services safe, and we appreciate any family's way of helping with this.

Above all else, we are beyond excited to provide such exceptional experiences, support and fun this summer, and we can't wait to have your young one join us!

If you have any questions or concerns, please contact the Youth Department at (360) 966-9696.

Roxanne Murphy

Director, Nooksack Youth Department

Office: (360) 966-9696

Cell: (360) 318-6615

E-mail: rmurphy@nooksack-nsn.gov



Youth Department Program Application – 2016/2017

Please complete each section of this application

Incomplete applications will not be accepted for Youth Department registration

Nooksack Youth Department • 360.966.9696 • 5604 Mission Rd, Bellingham, WA 98226

For Office Use Only:

Date/Time Rec'd _____

Nooksack Behavioral Health Youth/Children Client Data Sheet

Name of Child: _____
 First Middle Initial Last

Birthdate: _____ Age: _____ Gender: Male Female

SSN: _____ Race: _____

Nooksack Tribal Member *or* Other Federally Recognized Tribal Member: _____

Parent/Guardian Name: _____

Mailing Address: _____

Physical Address: _____

Phone: Home: _____ Cell: _____ Work: _____

School: _____ Grade: _____

Provider One Card (Medicaid)? Yes No ***Please attach a copy of insurance card**

Medical Insurance: _____ Policy #: _____

Primary Care Physician: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Previous Counseling? Yes No Counselor's Name: _____

For what conditions, symptoms or behaviors: _____

Is there any information about your child you want us to know? _____

Please help us identify your child's strengths: _____

Signing this form also acknowledges that I have received a copy of the Client's Rights.

Signature: _____ Date: _____

NOOKSACK BEHAVIORAL HEALTH

Client's Rights

- To be treated with respect and dignity.
- To be provided professional care and services.
- To refuse any participation in service.
- To receive care, which does not discriminate against me and is sensitive to my gender, race, spiritual beliefs, national origin, language, age, disability, and sexual orientation.
- To be free of any sexual exploitation or harassment.
- To review any record of service I have received with a professional staff member of Nooksack Behavioral Health.
- To receive services which we hold as completely confidential.
- To lodge a complaint with Nooksack Tribal Administration or Nooksack Behavioral Health Center if you believe your rights have been violated. A staff member from the Nooksack Behavioral Health Office may, at your request, assist you in filing a grievance.

Nooksack Behavioral Health Informed Consent for Youth Services

Name of Child: _____
 First MI Last

I voluntarily consent for my child to participate in services from the Nooksack Behavioral Health staff.

- *A counselor will develop a plan aimed at improving my child's health*
- *A copy of the Client's Rights is included in this packet. If a crisis arises that is not during office hours, please **call 911**.*
- *A counselor will consult with all providers involved in my child's care in order to provide continuity of care.*
- *My information can be used anonymously (your name will not be disclosed) for research purposes.*

Nooksack Behavioral Health welcomes you. We are glad we can be of service to you and look forward to working with you. If you have any questions, please feel free to call.

I have read and understand this and my signature indicates that I agree for my child to participate in counseling.

Print Name

Parent/Guardian Signature

Date

Counselor Signature

Date

NOOKSACK BEHAVIORAL HEALTH

Consent to share information/School Program(s)

RELEASE OF CONFIDENTIAL INFORMATION

I hereby give my permission for any/all information to be released between Nooksack Behavioral Health and the Tribal Youth Program, as well as my child's school:

(Check your child's school for fall 2016)

- | | | |
|---|--|---|
| <input type="checkbox"/> Acme Elementary | <input type="checkbox"/> Harmony Elementary | <input type="checkbox"/> Kendall Elementary |
| <input type="checkbox"/> Everson Elementary | <input type="checkbox"/> Nooksack Elementary | |
| <input type="checkbox"/> Nooksack Middle School | <input type="checkbox"/> Mount Baker Junior High | |
| <input type="checkbox"/> Nooksack High School | <input type="checkbox"/> Mount Baker High School | |

**Any shared information between your child's school and Nooksack Behavioral Health will be used for the sole purpose of maintaining and improving your child's academic success.*

Parent/Guardian Signature	Print Name	Date
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EMERGENCY CONTACTS

Valid until I revoke my permission in writing to the Nooksack Youth Department

Primary Contact:

Name: _____ Phone: _____

Employer's Name: _____ Phone: _____

Secondary Contact (In case Primary Guardian cannot be reached, Program staff has authorization to contact the persons listed below):

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

Pick Up Location (address): _____

Drop Off Location (address): _____

*any changes must be submitted in writing

The following people have permission to sign out my child for pick up without a note. *Any other transportation changes for my child(ren) must be submitted in writing.*

1. Name: _____ Phone: _____ Relation: _____

2. Name: _____ Phone: _____ Relation: _____

3. Name: _____ Phone: _____ Relation: _____

4. Name: _____ Phone: _____ Relation: _____

5. Name: _____ Phone: _____ Relation: _____

EMERGENCY CONSENT RELEASE FORM

As the natural/legal guardian of _____, I hereby grant permission for a certified Nooksack Tribal Youth Summer Program/After School Program Staff employee to perform CPR or Emergency First Aid as necessary. I further authorize and consent to the emergency medical, surgical, and/or hospital care, treatment and procedures to be performed by my child's regular physician, or when the physician cannot be reached, by a licensed practitioner when deemed immediately necessary to safeguard my child's health if I am unable to be reached. I also grant permission for my child to be transported by ambulance or aid car to an emergency center for treatment.

Child's Regular Physician: _____ Phone: _____

Please list any allergies and/or medical concerns: _____

Prescribed medication(s): _____

Signature of Authorized Parent/Legal Guardian

Print Name

Date

POLICY AND CONSENT FORM

**Read and initial next to each policy*

Child's name: _____

____ I, or an authorized adult, will sign in/out my child when picking up or dropping off and will make certain a staff member knows he/she has arrived or is departing.

____ Only the people whose names are on my child's registration form are allowed to pick up my child, unless an authorized note signed by the primary guardian states otherwise.

____ Medications prescribed by the physicians may be administered to my child by the staff, provided we have medication permission from the primary guardian. All prescriptions must be in the original container and have clear instructions on the label of the medication that is to be administered.

____ Parents/Guardians must provide written notice to staff member of changes in address, phone numbers, emergency information, or any other changes that that are necessary to notify family members, especially in emergency situations.

____ My child may participate in groups that address the social/emotional need of my child within the Nooksack Tribal Youth Program. I understand that Nooksack Behavioral Health counseling center staff will facilitate group sessions.

____ My child has permission to be photographed and/or videotaped during the After School or Summer programs for educational or promotional purposes, within the Nooksack Tribal Newsletter, Nooksack Facebook Communications Page, Nooksack website, newspaper, either alone or in a group setting.

____ My child is to ride on the school bus for field trips and follow all bus rules.

____ My child may go on spontaneous walks or local field trips (such as Everson Park), without advanced notice as part of his/her educational experience.

____ If any problems should occur with my child, I have been notified of the disciplinary procedures that will be followed through (see Rules, Regulations and Discipline Policy).

____ For youth that have a driver's license, my child is allowed to drive to Program at Timber Ridge. Once the driver arrives, the youth's keys must be submitted to the Teen Center staff. They may not leave until the end of the day unless given a written notice by parent/guardian. No other youth may ride with them unless that has been arranged with parent/guardian and Program Staff.

I give my permission/consent for all I have initialed.

Parent/Legal Guardian Signature

Date

Rules, Regulations and Discipline Policy

Please review the rules and regulations with your child to help us ensure the safety of all children and staff.

General Program Rules

- Respect all people, property, materials, items and field trip locations.
- No swearing or using inappropriate language.
- No public displays of affection.
- No gang related paraphernalia, rags, or gang signs.
- No fighting.
- No stealing.
- No outside junk food allowed (soda, gum, candy, energy drinks, etc.).
- Youth are only permitted to get into their own back pack.
- Youth will protect private property by keeping it with their other personal belongings.
- During field trips, youth must remain with their Team Leader until dismissed.

Electronic Device Guidelines

- During workshops and group sessions, youth will not be allowed to have devices on. No texting will be allowed during workshops or group sessions. Parents can call our office at (360) 966-9696 if they can't reach their youth during these times
- If the device becomes a disruption, it will be taken by a staff, given to a Program Manager, and returned at the end of the day.
- Program staff will not be held responsible for lost, stolen, or damaged devices.

Bus and Van Rules

- Listen to monitors and drivers.
- Hands and heads must remain inside the bus.
- Remain seated and facing forward.
- Wear a seatbelt when provided.
- No spitting or throwing objects out the windows.
- Speak in quiet voices.
- No eating or drinking.
- No horse-play.

Discipline Policy:

Disciplinary action is considered on a case-by-case basis. The Department Management will work to gather the most information about an incident, and, if necessary, the Director, Program Manager or Program Coordinator will reach out to parents and guardians to seek a partnership to help correct negative behaviors.

In issues of verbal or physical abuse to innocent children, the following actions will be followed.

First Incident: The child will be removed from the group for the day and receive a verbal warning. A notice of the incident will be sent home with the youth.

Second Incident: The child will be removed from the group for the day and receive a written warning. Parent/Guardian will receive a phone call and a notice of the incident will be sent home with the youth.

Third Incident: The child will be removed from the group for the day and the parent/guardian will be contacted to pick up their child. In addition, a referral will be sent to the Behavioral Health counselors to seek a one-on-one meeting. The child will not be allowed to return until after the referral has been completed. The Behavioral Health counselor will then recommend a program specified to the child's needs.

At any point, if the Program Management deems behaviors or physical actions as too harmful and uncalled for, parents will be notified about the situation and that they need to pick up their youth. The Youth Department will then work with the family, and possibly other helpful departments, to determine when the child can return to the program.

Parent/Legal Guardian Signature

Date

**Nooksack Indian Tribe Youth Department
Field Trip Notice**

I give permission for _____, grade _____ to be transported to:
Youth's Name

ALL THE FIELD TRIPS DURING THE 2016-2017 YOUTH DEPARTMENT PROGRAMS
Please check this box if you agree that your child can attend these field trips

OR

I would like to receive a daily field trip permission slip

These free events are an incentive for your child's participation in the Nooksack Indian Tribe Youth Department Programs. Please remind your child that they must abide by all Rules and Regulations.

Your child may need additional items, depending on field trips. Please be prepared.

Meals and snacks will be provided by the program. If you choose to send money with your child, they will be allowed to spend it at the concession stand. Staff is not responsible for lost or stolen items.

In the event of an emergency, this signed permission slip authorizes the Nooksack Indian Tribe Youth Department staff to properly accompany your child to the hospital or doctor most easily accessible.

Parent/Guardian Signature

Date

Parent/Guardian phone number

Alternate phone number (work, etc.)

EMERGENCY PHONE NUMBERS

In case of an emergency and I cannot be reached at the numbers provided above, call the following persons:

Name _____ Phone # _____

Name _____ Phone # _____

If you have any questions or concerns, please contact:
Youth Department, 396.966.9696

Trampoline Zone Waiver Information

The last two pages of this form consist of the waiver from Bellingham's Trampoline Zone. The Trampoline Zone waivers are good for one year. When you complete the form now, that will help your youth have fun at the Trampoline Zone this summer, and throughout the school year.

Thank you for completing this application!

Waiver, Release, Assumption of Risk, and Indemnity Agreement

(This is an important legal agreement; take your time to read it carefully.)

Initial each item below:

_____ By signing this document, I am forever waiving and releasing any and all claims I may now or later have against Trampoline Zone Bellingham, LLC (hereinafter “Trampoline Zone”) related in any way to the use of its equipment and facilities, including claims of negligence, and on behalf of myself, my spouse, children/wards, my parents, heirs, assigns, personal representatives and estate, I hereby agree to fully and permanently release, waive and discharge Trampoline Zone, its agents, owners, members, shareholders, directors, partners, employees, suppliers, manufacturers, participants, affiliate, successors, and assigns (collectively the “Released Parties”) from any and all claims, liability, demand, or causes of action related in any way to my use of or presence in any real or personal property of Trampoline Zone or the other Released Parties, without regard to whether a claim already exists or may arise in the future. I understand that (a) Trampoline Zone makes its property available to customers for recreation use only, (b) that using the property is purely a volunteer recreational activity designed for fun and is not a service to the general public or necessary in any sense, (c) that I am assuming the risks set forth in this Agreement, and (d) if I am signing this Agreement to allow a minor child to use the equipment, that I am representing and warranting that I have medical insurance and the ability to pay for and indemnify Trampoline Zone from any and all such minor’s use of Trampoline Zone property.

_____ 1. Assumption of Risk – I acknowledge and understand that the use of trampoline equipment is a risky recreational activity that may result in a serious injury, paralysis, death, or damage to property or third parties. Known risks may include, but are not limited to, falling off equipment, double bounding, collision with fixed objects and/or people, and failed attempted jumps or stunts. I understand that jumping on trampolines is inherently dangerous. Risks are also inherent in the use of a foam pit. Trampoline Zone employees cannot and will not eliminate the risks of jumping on a trampoline or otherwise using the equipment with others. I understand that if I do not want to take these risks or cannot afford to risk any injury, then I should NOT sign this document or use the equipment.

_____ 2. Release of Liability – I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless the Released Parties from any and all claims, demand, or causes of action, which are in any way connected with or related to my participation in any Trampoline Zone activities or my use of any equipment of facilities owned or operated by the Released Parties, including without limitation Trampoline Zone. I am assuming on behalf of myself and/or Minor child, all risks of personal injury, death, or disability to myself and/or the Minor child that may result from participation or use of Trampoline Zone facilities.

_____ 3. Warranty of Insurance and Indemnification – I represent, warrant, and certify that (1) I am the parent or guardian of identified Minor(s) listed below and (2) I have adequate medical or other insurance to cover and pay for any possible injury that may occur to me or the minor child for whom I have signed this Agreement, including without limitation any intensification or exacerbation of injury from any preexisting medical or physical condition I or the Minor child may have. To the extent the insurance does not pay for all costs or damages. I also agree to pay for any and all costs and expenses of such injury or damage to myself or to the Minor child for whom I have signed this Agreement. I agree to defend, indemnify and hold Trampoline Zone and the other Released Parties harmless from and against

any and all losses, liabilities, claims, obligations, costs, damages, and/or expenses whatsoever paid, including, but not limited to attorney's fees, cost, damages and/or judgments, related to my use of the Minor child's use of any equipment or property owned by the Released Parties. Without limiting the generality of the foregoing indemnity obligation, I understand that I will be responsible to defend the Released Parties against, and to pay any judgment against the Released Parties, in any claim or lawsuit filed on behalf of the Minor child listed below.

_____ 4. Miscellaneous – I agree that (a) the exclusive venue for any dispute or litigation between myself and Trampoline Zone will be in the Superior Court for the State of Washington, County of Whatcom, (b) the substantive law of Washington shall apply without regard to any conflict of law rules of another state, (c) the substantially prevailing party shall be entitled to its attorneys' fees and costs from the other party in any litigation, and (d) if any part of this agreement is found to be void or unenforceable, the remaining portions shall remain and effect. The waiver, release, assumption of risk, indemnifications, and other legal obligation set forth in the Agreement shall remain in full force and effect and shall be applicable to any and all future use of the Released parties' property by me or the Minor child for whom I have signed this Agreement below. I agree to read and follow the rules of the facility, and to cause my minor child to follow such rules, including without limitations the rules posted on signs within the facility. I agree that I or my Minor child may be required to leave the facility, with no refund, for a failure to follow the rules.

_____ I have read the rules of the facility conspicuously posted at the place of payment for use of the facility.

_____ I understand that I am voluntarily giving up the right to bring a lawsuit or claim against the above-mentioned Released Parties. I further understand and accept the above risks related to the activities. I have had sufficient opportunity to read this entire Agreement. I understand the Agreement, and I agree to be bound by its terms.

*Please print legibly

Signature: _____ Email address: _____

Name: _____

Date of Birth (MM/DD/YY): _____

Phone Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Child's Name: _____ Date of Birth (MM/DD/YY): _____

*Waivers are not valid if any section of the release form has been left blank, as well as any personal information.