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**17<sup>th</sup> Annual  
Camp  
Experience**

***June 11-15,  
2018***

***Camp  
Takatoka  
Choteau, OK***

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# **Native Youth Preventing Diabetes**



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**Complete  
Registration  
Forms Should  
Be Returned to  
Your Contact  
Representative  
by  
May 18, 2018**



*This organization is an equal  
opportunity provider*

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Dear Parents,

Thanks to our coalition of sponsors, we are proud to host the annual Native Youth Preventing Diabetes (NYPD) program at Camp Takatoka, a YMCA camp near Choteau, Oklahoma. NYPD offers the tools necessary for our native youth to reduce the risk of developing chronic disease. In addition to offering a traditional camp experience, NYPD also provides instruction on the importance of nutrition, physical activity, self-esteem and diabetes prevention in a five day, four night experience. We encourage you to review the information that follows for yourself, as well as with your child.

Attendance at NYPD is limited to Native American children between the ages of 8 and 12 years old. Campers stay with campers of the same sex and of similar age. Qualified YMCA counselors will be stationed in each cabin. Volunteers from each of our coalition members will work very hard to make sure each camper has an opportunity to learn and have a great time.

NYPD is a place for safe, wholesome fun and learning. Thank you for considering sharing your camper with us. If you have any further questions, please contact your coalition representative listed below.

Sincerely,  
*NYPD Staff*

Contact Representative: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_



# Activities & Facilities



## Camp Takatoka

Camp Takatoka is an overnight camp on Ft. Gibson Lake. At Takatoka, campers experience 410 acres of land with diverse geography including lakefront, grass plains, rolling hills, cliffs, caves and forest. This is truly a place where your child is sure to create lifelong friendships and memories.



### **NYPD Activities**

- Arts & Crafts
- Archery
- Basketball
- Canoeing
- Climbing Wall
- Fishing
- Hiking
- Ropes Course
- Swimming
- Volleyball
- Cultural Activities

### **NYPD Staff also educate campers on:**

- Nutrition
- Self-Esteem
- Physical Activity
- Diabetes Prevention





# Policies & Procedures



**Campers attending NYPD are expected to comply with all camp policies and procedures. We ask that all parents read the important information that follows and review the information with your camper.**

## **Campground Care**

The care of the camp is the responsibility of all in attendance. Campers will be asked to assist in maintaining a clean campground. Chores include trash pick-up, sweeping buildings, and set up for and clean-up after meals.

## **Housing**

Campers are responsible for keeping a clean cabin and will be involved in the daily "Clean Cabin" competition. Each day, cabins are inspected by NYPD staff to determine which group has the most well-kept cabin. Winners are recognized daily for their efforts. Campers will be assigned to cabins with other campers of the same sex and similar age. All cabins have bunk beds, electricity, air conditioning, and shower and restroom facilities. Qualified YMCA counselors will be stationed in each cabin.

## **Food**

In order to aid in the prevention of ants, mice and other rodents, no food is allowed to be brought into the camp. NYPD staff will be tasked with searching the belongings of all campers prior to camp attendance for food. Any food found by staff will be confiscated and returned to the parent prior to boarding for transportation to camp or upon arrival at the campground. Be assured, all campers will receive three properly balanced meals a day, served family style in the dining hall as well as a snack in the morning and afternoon. Coalition volunteers providing transportation to and from camp will communicate to parents all plans to provide meals and drinks during transportation times.

## **Electronics**

Electronics devices are not permitted on campgrounds. NYPD staff will be tasked with searching the belongings of all campers prior to camp attendance for electronic devices. Any devices found by staff will be confiscated and returned to the parent prior to boarding for transportation to camp or upon arrival at the campground. Electronic devices include: cell phones, tablets or other computer devices, digital media players, radios, hair dryers, curling irons, walkie talkies, etc. Cameras will be allowed with disposable cameras preferred.

## **Visitation**

In the best interest and safety of the campers, parents/guardians/visitors will NOT be allowed in camp during session without prior approval from the NYPD infirmary staff. Campers that leave the campground will not be allowed to return.



# Policies & Procedures



## Health & Safety

The health and safety of our campers is of high importance. Drugs, alcohol, cigarettes, fireworks, firearms, knives or weapons of any kind are not permitted. NYPD staff will be tasked with searching the belongings of all campers prior to camp attendance for items considered to be a safety concern. Any items found by staff will result in loss of camp attendance privileges. Campers will not be allowed to board transportation for nor allowed to enter the campground.

In order to ensure the health of campers and camp facilities, all campers will be screened for head lice by NYPD staff upon arrival at camp facilities. Campers found to have evidence of head lice may not be allowed to attend camp. Thus, NYPD recommends that campers planning to attend be screened for head lice two weeks prior to camp attendance to allow proper time for treatment. This pre-screening may be required according to each coalition group's policy.

## Behavior

It is our goal to have a fun and comfortable experience for all campers, as a result we expect campers to abide by behavior policies. Campers are expected to be on time for all activities. The buddy system should be practiced at all times. Any public display of affection on the part of a camper is prohibited.

Every camper has a right to attend NYPD without being subjected to threat of injury or intimidation in any fashion. Incidents of fighting, physical assault, verbal intimidation and other negative offenses that reference sex, age, color, religion, national origin, or disability are not acceptable. In addition, all staff and campers must be allowed to live in an environment free from unsolicited harassment. Harassment is behavior which is not welcome, which is personally offensive, which debilitates morale and which interferes with the living environment of all campers. A safe and friendly atmosphere is the responsibility of all campers and staff.

## Discipline Policy

You and your child should understand that while participating in camp, the staff is in charge. Your child should be aware that any rules and or instructions that are made by a staff member are to be respected. In the unlikely event that there is a disciplinary problem that cannot be resolved, the parent will be notified and expected to pick up his/her child immediately. It is likely that your child will not be allowed to participate in future camps.

## Homesickness

Homesickness is normal. Rest assured that our staff is trained to recognize it and will employ methods to get campers back on track. If homesickness becomes extreme, such as not eating or crying all the time, you will be contacted and allowed to talk to your camper to reassure them or pick them up if necessary.



# Dress Code



## Dress Code

Clothing should be comfortable and appropriate for all camping situations. Any campers who bring inappropriate clothing and persist in trying to wear inappropriate clothing will be sent home without refund. The following are NYPD dress code requirements:

- Closed toe shoes and socks must be worn at all times. Socks must reach the ankle or above
- Sandals/flip flops are only to be worn when showering or at the swimming pool.
- No mesh, short-waist, tube, halter, low neck or spaghetti strapped shirts are allowed.
- Sleeveless shirts should not expose girl's bras or cleavage or boy's pectoral area, should have shoulder seams at least 3' wide and should keep the chest area unexposed when leaning over.
- No shirts advertising alcohol, cigarettes or questionable practices, or any clothing with a suggestive design or words.
- Pants, jeans, shorts, etc. are to be worn at the waist line and belts are to be buckled. Low rise shorts or jeans may be worn only when the shirt extends over the top of the jeans or shorts.
- Short length must reach the tip of the fingers when arms are by the side. Bike shorts or spandex type shorts are not allowed.
- Pants should be free from holes in the seat.
- Bathing suits will be modest. No string bikinis or thongs will be allowed.
- Jewelry should be limited to studs in the ears. Other pierced jewelry must be removed.
- Tattoos must be concealed except during swimming.

## What to Pack

We ask all belongings be clearly marked with the camper's name. Washers and dryers are not available at the camp.

- |   |  |
|---|--|
| <ul style="list-style-type: none"><li>- Shirts (refer to dress code)</li><li>- Shorts (refer to dress code)</li><li>- Jeans/long pants or sweats (refer to dress code)</li><li>- Underwear</li><li>- Socks (refer to dress code)</li><li>- Closed toed shoes (tennis shoes, hiking boots, etc.)</li><li>- Shoes appropriate for use at waterfront, when showering, or during swim time</li><li>- Jacket or raincoat</li><li>- Hat for sun protection</li><li>- Swimsuit (refer to dress code)</li></ul> | <ul style="list-style-type: none"><li>- Pajamas or extra shirts for sleeping</li><li>- Sleeping bag or twin sized sheets, blanket &amp; pillow</li><li>- Towels &amp; washcloths</li><li>- Flashlight with extra batteries</li><li>- Plastic cup or water bottle</li><li>- Insect repellent</li><li>- Sunscreen (minimum SPF 15 recommended)</li><li>- Camera &amp; film</li><li>- <b>"TOTALLY 80'S" COSTUME</b></li></ul> <p>A dance will be held the final evening of camp. The theme is "Totally 80's". Campers should bring a 1980's themed costume.</p> |
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# Registration

Registration information is required to be filled out in its entirety and returned to your coalition contact prior to the registration deadline.

Name of Camper: \_\_\_\_\_

Attended NYPD Before?    Yes    No    If yes, when? \_\_\_\_\_

Date of Birth: \_\_\_\_\_    Age At Camp: \_\_\_\_\_    Gender:    Male    Female

T-Shirt Size:    Youth    S    M    L    XL    Adult    S    M    L    XL    2XL    3XL

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_    State: \_\_\_\_\_    Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_    Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_    E-Mail Address: \_\_\_\_\_

Preferred method of contact: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_    Relationship to Camper: \_\_\_\_\_

Phone Number: \_\_\_\_\_

*NYPD's mission is to educate, promote, and empower future generations of Native American children in the awareness of diabetes and its complications. The programs and activities that your child will participate in through this summer camp experience we hope will help achieve our mission. In order to evaluate our programs overall success, feedback from our campers is extremely valuable.*

Do you authorize NYPD and/or its coalition of sponsors to contact you and your camper in order to receive feedback regarding our program at a later time?    Yes    No



# Registration



## Medical Information

### Immunization History:

Please attach a current shot record to this application. In order to attend camp, all immunizations must be current according to the recommended CDC schedule. Please indicate if immunizations were not given due to medical reasons.

### Please list family members that have a history of diabetes:

Relation to Camper \_\_\_\_\_

Relation to Camper \_\_\_\_\_

Relation to Camper \_\_\_\_\_

Relation to Camper \_\_\_\_\_

Child's Routine Physician/Medical Facility: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Has the camper menstruated? (Females Only)    Yes    No    Date of last menstruation: \_\_\_\_\_

Will your child require medications during camp?    Yes    No

*NOTE: All medication must be turned in to camp staff at check in. All medication must be in original container with the camper's name and physician's directions for use.*

Please list all medication/s and frequency administered:



# Registration



**Please indicate any allergies your child may have:**

Food      Medication      Insect      Animals      Plant      Other

**Please list the allergy and describe the reaction observed.**

**Please list any previous surgeries, including date.**

**Does your child have any activity limitations? Explain.**

**Does your child require any dietary modifications? Explain.**

**Does your child have an illness, special need, or disability that camp staff should be aware of? Explain.**



# Registration



## Camper & Parent Pledge

Parent: I have read and agree with the NYPD policies and procedures and have discussed them with my child. I understand that my child must abide by the rules and policies while at camp or I may be requested to pick up my child before the completion of camp without refund and that my child may not be eligible for future camps or activities.

Parent Signature: \_\_\_\_\_

Camper: On my honor, I declare that I understand the NYPD policies and procedures and agree to abide by them. I also agree to participate and represent my sponsor to the best of my ability.

Camper Signature: \_\_\_\_\_

## Consent and Release

### **Release of Information**

I hereby authorize the release of information obtained during the health screening of \_\_\_\_\_ to the NYPD coalition and its partners. I understand my child's information will be maintained in a database by NYPD for the purposes of data analysis, tracking health status' of camp participants, identifying high risk individuals for treatment, and creating, targeting or maintaining education programs and funding.

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



# Registration



## Health Care Screening Consent and Release

I understand that \_\_\_\_\_ will be screened for head lice prior to attendance at NYPD. Children found to have a positive screening may not be allowed to attend camp.

I further understand and agree that during camp, NYPD, its employees, volunteers, staffers, and/or others providing services to NYPD, may provide the following health care screening services to my child, if I consent to such screening, which may involve the collection of my child's health information: weight, height, body fat percentage, blood sugar, cholesterol, ALT/AST, blood pressure, emotional health, health knowledge and health behaviors measurement. Blood work will be performed through a finger stick. I understand that screeners may recommend or suggest to me that I seek medical care for my child based upon the limited information obtained in this health screening and that this does not constitute medical care or treatment. I also understand that this information may be analyzed and shared, in a non-identifiable format, to further the services of NYPD and its affiliates or sponsors. I hereby authorize screeners to perform the above screening services on my child and release and hold harmless the screeners for any injury incurred as a result of voluntarily allowing my child to participate in the screening.

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## Camper Contact/Safety

I understand that for the safety of \_\_\_\_\_ and the other children at camp, should I need to contact my child during camp, I must first contact the NYPD Supervisor. I also understand that if I should have to take my child from the campgrounds for any reason, my child cannot return to camp without prior approval from the NYPD Supervisor.

I understand that safety and respect of campers are priorities for NYPD and Camp Takatoka staff. I understand that violent, threatening or aggressive behaviors will not be tolerated. I grant permission for proper intervention by NYPD or Camp Takatoka staff, up to and including physical restraint if necessary, in the case of aggressive, threatening or violent behavior exhibited by my child. I further understand that these behaviors are reason for immediate expulsion from all camp activities.

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



# Registration



## Permission to Medicate

I, as parent or guardian of, \_\_\_\_\_ a camper attending NYPD summer camp, give my permission to NYPD health staff to give my child the medications identified in this registration document. I understand all medications must be in original containers with clearly labeled instructions for use. I further understand medications not in original containers or lacking medical instructions for use may not be administered while at camp.

I also consent to transporting, seeking emergency treatment and making decisions regarding welfare of my child, such as medication and health assessments, if necessary, while he/she is participating in NYPD. I further authorize NYPD medical staff to administer or apply any of the following medications or generic versions thereof to my child, if needed or requested: topical itch relief including Benadryl, hydrocortisone, Calamine lotion; allergy relief including Benadryl/antihistamine, pseudoephedrine; asthma/respiratory relief including albuterol inhaler or inhalation solution; anti-diarrheal; wound care including Bacitracin or triple anti-biotic ointment, hydrogen peroxide; throat pain relief including Chloraseptic spray or lozenge; diabetic/hypoglycemic crisis relief including Glucagon; pain relief including ibuprofen, Tylenol; stomach upset relief including Kaopectate, Mylanta, Maalox, Tums; cough relief including Robitussin DM; emergency care including smelling salts or EpiPen.

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## Media Release

I understand that \_\_\_\_\_ may be photographed or videotaped while in attendance at NYPD camp. I further understand that my signature below hereby grants ownership of any picture or likeness or anything derived therefrom created by NYPD, its agents and others working for it or on its behalf for use in promotion of NYPD. I shall have no right of approval, no claim to additional compensation and no claim (including without limitation, claims based upon invasion of privacy, defamation or right of publicity) arising out of any uses, alteration, distortion or illusionary effect or use in any composite form.

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



# Registration



## Consent and Release of Liability

I understand that \_\_\_\_\_ will be participating in supervised activities including but not limited to, arts and crafts, archery/rifle, nature activities, swimming, outdoor skills, basketball, volleyball, softball, rock wall climbing, canoeing, hiking, fishing, and Native American cultural activities. I recognize that there are inherent risks and hazards directly or inherently involved in these activities, with some activities considered dangerous activity with the potential to cause serious injury. With full knowledge of the facts and circumstances surrounding these activities, I voluntarily grant permission for my child to undertake these activities and I assume all responsibility and risk for my child's participation in these activities.

I assure NYPD that there are no health-related reasons or problems which preclude or restrict my child's participation in these activities. I authorize the on-site medical personnel to treat my child as appropriate in the event of any injury/illness. I grant permission for NYPD, and/or employees, agents, staffers, volunteers or others providing services to NYPD.

I, the undersigned, also hereby release NYPD staff, its affiliates or sponsors of any liability in the event of accidental injury, illness or death during their attendance at NYPD.

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## Registration Fee

The fee for attendance at NYPD is \$\_\_\_\_\_ per child.

This fee is non-refundable and payment is due at the time of registration.

**YMCA OF GREATER TULSA  
ROPES CHALLENGE COURSE  
PARTICIPANT'S MEDICAL RELEASE, WAIVER OF LIABILITY,  
AND INDEMNITY AGREEMENT**

Course Date: June 11-15, 2018 Native Youth Preventing Diabetes (NYPD)  
(Group sponsoring course)

Whereas, \_\_\_\_\_ the undersigned "participant" wishes to be  
Name (Please print legibly)

accepted for the participation and/or observation of any and all activities which may occur at the YMCA of Greater Tulsa Ropes Challenge Course sites. The undersigned assumes all risks incidental to the operation of the program and program site, including risks that are not specifically foreseeable.

**LIABILITY WAIVER:** I understand that the Ropes Challenge Course of the YMCA of Greater Tulsa ("YMCA") may be inherently dangerous and that the YMCA of Greater Tulsa assumes no responsibility for injuries or illness that I may sustain resulting from my observation or participation in any activity or use of facilities or equipment provided by the YMCA of Greater Tulsa. I expressly acknowledge on behalf of myself and my heirs that I assume the risk for any and all injuries and illnesses that may result from my participation in these activities. I hereby release and discharge the YMCA of Greater Tulsa, its agents, servants and employees from any and all claims for injury, illness, death, loss or damage that I may suffer as a result of my participation in these activities. Furthermore, it is my intention by signing this waiver to exempt and relieve the YMCA of Greater Tulsa, its agents, servants and employees from any and all claims for injury, illness, death, loss or damage caused by ordinary negligence.

**PROPERTY LOSS:** I understand the YMCA is not responsible for personal property lost, damaged or stolen while members and/or program participants are using the YMCA facilities or on YMCA premises.

**PHOTOGRAPH PERMISSION:** I give my permission for the YMCA to use, without limitation or obligation, photographs, film footage or tape recordings that may include my image or voice for purposes of promoting or interpreting YMCA programs.

**INSURANCE:** I understand it is my responsibility to provide for my own (and other members of my family if applicable) accident and health coverage while participating in all YMCA activities. The YMCA does not provide any accident or health insurance for its participants.

**MEDICAL RELEASE:** My permission is granted to the YMCA of Greater Tulsa to provide or obtain medical attention for me or members of my family in the event of sickness or injury. I realize and understand that my family insurance policy will be the primary insurance for any accident or medical claim. Should I, or any member of my family, require special medical treatment, prescriptions, or hospital care; I am responsible for all expenses.

The Ropes Challenge Course will necessarily involve participation in the exercises and activities that are, by their nature physically demanding and will subject the applicant to stress, anxiety and possible hazard, not all of which can be foreseen. It is fully understood that the applicant will be climbing and walking on cables, logs, ladders, walls, and beams, at times, thirty feet above the ground. Reasonable precautions will be taken to protect the applicant. The undersigned assumes all of the ordinary risks normally incidental to the nature of the program including risks, which are not specifically foreseeable.

**YMCA OF GREATER TULSA  
 ROPES CHALLENGE COURSE  
 PARTICIPANT'S MEDICAL RELEASE, WAIVER OF LIABILITY  
 AND INDEMNITY AGREEMENT**

**MEDICAL CHECK:** Do any of the following medical conditions apply to the participant(s)? Please circle no or yes and explain if answering yes to any question. If additional space is needed, please write below.

Heart condition*	NO	YES	_____
Back or neck injuries*	NO	YES	_____
Allergic reactions	NO	YES	_____
Knee, bone or joint injuries	NO	YES	_____
Epilepsy*, seizures* or asthma	NO	YES	_____
Recent surgeries	NO	YES	_____
Currently taking medications*	NO	YES	_____
Pregnant*	NO	YES	_____
Other (please explain)	NO	YES	_____

***\*This applicant must have a medical doctor's written permission to participate if he or she has, but not limited to any type of mental or physical condition such as heart problems, seizures, neck or back injuries, or taking medications that affect judgment or motor skills.***

**ACCEPTANCE:** this waiver and release is given for myself and on behalf of the minor members of my family, listed, if any. If any of this waiver is held to be invalid, I agree that the remaining terms shall continue to be in full legal force and effect. I have read, or had read to me, and voluntarily signed this waiver and release from liability.

\_\_\_\_\_  
 Participants signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Parent or guardian signature  
 (Must be signed if participant is under 18 years of age)

\_\_\_\_\_  
 Date