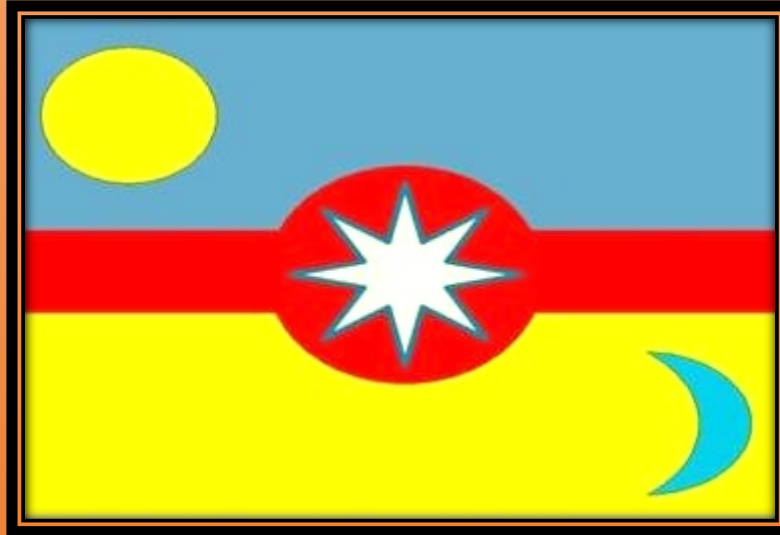


Confederated Tribes of the Umatilla Indian Reservation  
*Hosted by the Education Department and the Language Program  
Westminster Woods at Emigrant Springs*

## LANGUAGE PROGRAM

**20**



**18**

## CAMP MIYÁNAŠMA

July 16<sup>th</sup> - July 20<sup>th</sup>

For Ages 9-12 ONLY  
(9 Boys and 9 Girls)

*\*\*DUE TO SAFETY REASONS, WE ARE NOT RESPONSIBLE FOR ADDITIONAL CAMPERS\*\**

APPLICATION DEADLINE:  
3pm Friday June 29, 2018  
ONE Application per Participant



## Thank you for your interest in the 2018 CTUIR Language Program Camp Miyánanšma!

The camp will be held for both boys and girls on July 16<sup>th</sup> through July 20<sup>th</sup>, 2018 at Emigrant Springs, Pendleton, Oregon. The Language Culture Camp is a camp for students who are currently ages 9-12. During camp, students will learn about the culture and language of the CTUIR. In addition to learning how to make necklaces and gathering first foods, students will have time to participate in activities such as dancing and drumming. This will be a unique summer experience that promises fun in the sun, we look forward to your child's participation.

You will be notified of acceptance by July 6, 2018. Only 18 participants will be accepted. Unfortunately, we are unable to accommodate participants with any sort of special needs as we do not have the staff that have specialized training.

Application forms must be fully completed and submitted to the Language Program in the **Education Building** no later than 3pm on June 29<sup>th</sup>.

# CAMP MIYÁNAŠMA AGENDA

July 16 <sup>th</sup>	Monday: Arrival & Set Up
10 am	Load Vehicles at CTUIR Gym & Depart
11 am	Arrive & Set Up Camp
Noon – 1 pm	Lunch Meal & Orientation @ Main Hall
2 pm – 4 pm	Activity Time
6 pm – 8 pm	Dinner Meal & Camp Clean Up
8 pm – 10 pm	Night Moves
10:30 pm	Lights Out
<i>Tuesday – Thursday will be similar &amp; subject to change.</i>	
7 am	Wake Up
8 am	Breakfast Meal
10 am - Noon	Snack & Activities
Noon	Lunch Meal
1 pm – 4 pm	Snack & Activities
6 pm – 8 pm	Dinner Meal & Camp Clean Up
8 pm – 10 pm	Night Moves
10:30 pm	Lights Out
July 20 <sup>th</sup>	Friday: Pack Up & Depart
7 am	Wake Up
8 am	Breakfast Meal
9 am – 11 am	Activities Wrap Up & Pack Up Camp
Noon	Sack Lunch & Depart
1 pm	Arrive to CTUIR Gym & Unload (approximate time)

# CAMP MIYÁNAŠMA APPLICATION

JULY 16<sup>TH</sup> THROUGH JULY 20<sup>TH</sup>, 2018

**\*\*ABSOLUTELY No Cell Phones or Electronic Devices Allowed\*\***

Current Date:	
Participant Name:	
Participant Age:	
Parent/Guardian Name:	
Primary Contact Number:	
Secondary Contact Number:	
Parent Email Address:	
Parent/Participant Mailing Address:	

**(Note: Upon acceptance, all information will be sent via email)**

## EMERGENCY CONTACT INFORMATION

Contact Name:	Contact Phone Number:
Contact Name:	Contact Phone Number:

## IN CASE OF EMERGENCY

My child may receive emergency medical treatment and may be taken to the hospital for treatment.

YES

NO

Parent/Guardian Signature:	
Date:	

# CAMP MIYÁNAŠMA APPLICATION

## REQUIRED HEALTH INFORMATION

Participant Name:	
Participant Date of Birth:	
Parent/Guardian Name:	
Primary Contact Number:	
Relationship to Participant: <i>(who is filling the form out?)</i>	
Physician Name:	
Physician Phone Number:	
Name of Insurance:	
Insurance Policy Number:	
Does the participant wear glasses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the participant have <b>FOOD</b> or <b>MEDICINE</b> allergies?	
Does the participant have <b>OTHER</b> allergies?	<input type="checkbox"/> Hay Fever <input type="checkbox"/> Sinus Problems <input type="checkbox"/> Allergies to bites/stings: _____
Please list medications that the participant is taking?	
Does the participant have special <b>DIETARY</b> needs?	
Please list any other information you think is important for us to know:	
Parent/Guardian Signature:	
Date:	

# MIYÁNAŠMA CODE OF CONDUCT

*As a Camp Participant, I agree that:*

- I will not bring a cell phone or ANY electronic device to camp.
- I will participate in all aspects of the camp program and follow the daily camp schedule.
- I am representing my family and will conduct myself accordingly.
- I will show respect towards other campers and staff.
- I will follow instruction from ANY advisor, adult supervisor, or camp staff.
- I will only use the recreation areas at the scheduled times. I will follow the rules given at that area.
- I will assume responsibility for any equipment I use and I will pay for any loss or damage.
- I will respect camp property and camping area.
- I will not bring or use any form of tobacco, alcoholic beverages, illegal drugs, or fireworks while at camp.
- I will wear appropriate clothing at all times.
- I will not leave camp boundaries without permission.
- I will be in & remain in my designated sleeping area after curfew.
- I will not participate in any act of violence. I understand that acts of violence will not be tolerated and that firearms and weapons, including knives are prohibited at camp.
- Any use of inappropriate language which is offensive, sexist or racist, including but not limited to: fighting, bullying, harassment or any other forms of aggressive behavior is prohibited at camp.

Any breach of the Miyánašma Code of Conduct will initiate disciplinary action. The Language Camp Manager/Director reserves the right to suspend or dismiss a camper's participation in camp, if such disciplinary action is required. If a camper is required to leave camp, it is the parents/guardian responsibility to make arrangements to pick up student at the Westminster Woods at Emigrant Springs, Oregon as soon as possible.

_____ (Print Participant Name)	_____ (Participant Signature)	_____ (Date)
_____ (Print Parent/Guardian Name)	_____ (Parent/Guardian Signature)	_____ (Date)



# MIYÁNAŠMA RELEASE FORM

## Parent Agreement

I give my child permission to attend the 2018 Language Program Miyánašma Camp. I agree that my child will participate at their own risk and I agree to take full responsibility for any Damage, Injury, Bodily Harm, to Persons or Property which at any time may be suffered or sustained during the term of the Language Camp.

I authorize the sharing of information about my child to the Education Department for the release of information to other CTUIR departments. This information is **CONFIDENTIAL** and will be shared only in the best interest of my child to assist the Language Program to better serve them.

I authorize treatment for sickness or injury of any nature by a licensed medical professional. I further request and authorize the use of any hospital facility necessary to accommodate such care and treatment. I do hereby release from all liability of all people connected with providing necessary care and agree to reimburse such person the cost of such and any treatment of my child.

I grant the CTUIR Education Department and Language Program the right and permission to use and publish photos and/or videos made during my child's participation in the Language Camp. I do hereby release the CTUIR Education Department and Language Program from such use and publication.

Finally, I acknowledge that if my child is accepted to participate in the Language Program Miyánašma Camp we will receive a **Code of Conduct Form**. I will review this form with my child and will expect my child to obey the rules of the camp. I also understand that I am responsible for making timely arrangements for picking up my child if it is deemed necessary that s/he be sent home by the **Language Culture Camp Staff** for any of the following reasons: inappropriate behavior, violation of the Code of Conduct, damage to property, or overall safety of students, staff and the program.

My signature below indicates that I have read, understand and agree to the terms of the Release Form.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Student Agreement

I, \_\_\_\_\_, by signing this contract, agree to abide by all the rules and regulations, as we as actively participate in the Language Culture Camp. I understand that failure to comply with camp rules will result in disciplinary action and possible dismissal from the program. I will be respectful of my fellow Language Camp participants and will follow the leadership and requests of the Language Camp Staff at all times. I agree to actively participate in all camp activities and maintain a positive attitude while attending Language Culture Camp.

the Language Program Miyánašma Camp is a drug, alcohol and tobacco free event. I agree to abide by these rules and any failure to do so I will be asked to leave.

My signature below indicates that I have read, understand and agree to the terms of the Release Form.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# CAMP MIYÁNAŠMA ESSAY

To be completed by the PARTICIPANT. Important: please answer each question thoroughly. Application will be incomplete without the essay and will not be considered.  
*(Additional pages maybe attached if necessary)*

1. Introduce yourself and explain why you are interested in participating in the Language Culture Camp.

2. Describe you favorite classes in school, extracurricular activities and hobbies.

3. What would you like to do/be when you grow up?