



Application Requirement Checklist

June 13-18, 2021

The following must be submitted to have a completed application and to be considered for the NDIYLA Summer Program. There are no fees or cost for this summer leadership program.

- Completed Application Form
- COVID-19 Testing Pre-Authorization Form
- Autobiographical Sketch
- One letter of recommendation (from someone who knows you but is not a relative).
- Health insurance information
- Signature by the applicant AND parent/guardian

The North Dakota Indian Youth Leadership Academy will be held at Bismarck State College (BSC). All participants are responsible for their own transportation to and from Bismarck, ND for the Youth Leadership Academy. **The North Dakota Indian Youth Leadership Academy will begin at 1:00 p.m. on Sunday, June 13, 2021 and end at 12pm (noon) on Friday, June 18, 2021.**

Parents/Guardian:

Check-In to the dorms is Sunday, June 13, 2021 between 1:00 p.m. – 3:00 p.m. Students must be picked up by noon on Friday, June 18, 2021. We encourage parents to attend the graduation reception at BSC on Friday from 9:00 am-12:00 pm.

NORTH DAKOTA INDIAN YOUTH LEADERSHIP ACADEMY

Space is Limited! Apply Now!

2021 SUMMER ACADEMY APPLICATION

Applications must be postmarked by June 7, 2021

June 13th – 18th, 2021

Child Name: _____
(First) (Last)

Upcoming School Year (2021-2022) grade of child: 7th, 8th, 9th, 10th, 11th and 12th Grade _____

Parent/Guardian Email: _____

Child Date of Birth: ____/____/____ Age: _____ Gender: F ___ M ___ T-Shirt Size: _____

Tribal Affiliation: _____

Mailing Address:

(PO Box or Street Address)

(City) (State) (Zip Code)

(Phone Number) (Email)

Permanent Address:

(PO Box or Street Address)

(City) (State) (Zip Code)

(Permanent Phone Number)

ACADEMIC INFORMATION

(School)

(School Address) (School Phone Number)

PARENT/GUARDIAN CONTACT INFORMATION

(First and Last Name) (Relationship to applicant)

(PO Box or Street Address)

(City) (State) (Zip Code)

(Permanent Phone Number) (Cell Number)

ADDITIONAL EMERGENCY CONTACT INFORMATION (Not a parent/guardian)

(First and Last Name)

(Relationship to applicant)

(PO Box or Street Address)

(City)

(State)

(Zip Code)

(Permanent Phone Number)

(Cell Number)

HEALTH INSURANCE INFORMATION

Insurance Provider (i.e. Blue Cross Blue Shield, Medicaid, etc): _____

Insurance Policy Number: _____

_____: Check here if not currently insured.

HEALTH RECOMMENDATIONS AND RESTRICTIONS

Any medication to be administered at camp (specific dosages): _____

Any medically-prescribed meal plan or dietary restrictions: _____

Any allergies (food, drugs, plants, insects): _____

Any activities from which parents/guardians want child excluded: _____

Additional health information or activities to be limited: _____

ACKNOWLEDGEMENT OF INHERENT RISK / WAIVER OF RESPONSIBILITY

I ACKNOWLEDGE AND UNDERSTAND THERE ARE INHERENT RISKS ASSOCIATED WITH MANY OF THE NORTH DAKOTA INDIAN YOUTH LEADERSHIP ACADEMY'S ACTIVITIES. I WILL ASSUME THE RISK ASSOCIATED THEREWITH, WHETHER KNOWN OR UNKNOWN TO ME AT THIS TIME. I RECOGNIZE THAT MY ATTENDANCE AT THE NORTH DAKOTA INDIAN YOUTH LEADERSHIP ACADEMY IS A PRIVILEGE AND AS A CONSIDERATION FOR THIS PRIVILEGE, I RELEASE THE NORTH DAKOTA INDIAN YOUTH LEADERSHIP ACADEMY, INCLUDING ITS EMPLOYEES, AGENTS AND TRUSTEES, FROM RESPONSIBILITY FOR MY ACCIDENTAL PHYSICAL INJURY, INCLUDING DEATH OR ILLNESS, AND LOSS OF PERSONAL PROPERTY WHILE AT THE ACADEMY OR ACADEMY SPONSORED TRAVEL. THIS RELEASE IS ALSO INTENDED TO INCLUDE ALL CLAIMS MADE BY MY FAMILY, ESTATE, HEIRS, PERSONAL REPRESENTATIVE OR ASSIGNS.

Signature of Parent/Guardian or of an adult student (18 or older) attending NDIYLA

SIGNATURES

I certify that all information provided is true and correct to the best of my knowledge. I understand the NDIYLA Program will use this information solely for the purpose of determining participant eligibility.

Applicant's Signature: _____ Date: _____

Parental/Guardian Signature required

By signing, below, I certify that I am the person responsible for this applicant.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____

Relationship to Applicant: _____ Date: _____

Return to: NDIYLA Program
Native Community Development, Inc. (dba NATIVE, INC.)
2403 East Thayer Avenue
Bismarck ND, 58501

Fax to: Fax #: (701) 751-0256

For additional information: Contact NATIVE, Inc.
Call Ahiticia Tasso at (701) 595-5181, dial 4 or email ahiticia@ndnadc.org or
Jennifer Mellette at (701) 595-5181, dial 1 or email jennifer@ndnadc.org

CONSENT OF PHOTO/VIDEO RELEASE FOR MINOR CHILD / ADULT STUDENT
North Dakota Indian Youth Leadership Academy 2021

Between: Native Community Development, Inc. dba NATIVE, INC.
North Dakota Indian Youth Leadership Academy
2403 East Thayer Ave Bismarck ND 58501

And: _____
Name of Minor Student / Name of 18+ year old student

Street address

City, State, Zip code

I hereby assign to Native Community Development, Inc. (NATIVE, Inc.) all the interest of my minor student (or myself as an 18+ year old student), including the right to copyright, in any video or photos of my minor child, with NATIVE, Inc. recorded or had recorded by another for its use. I hereby give consent on behalf of my minor child (or myself as an 18+ year old student), to NATIVE, Inc. to use my child's name, portrait, picture (motion or still) for any lawful purpose whatsoever (or myself as an 18+ year old student).

I agree to release NATIVE, Inc. including any authorized agents of NATIVE, Inc. from harm from any liability resulting from the production of, or any alteration or distortion whether intentional or not, in any likeness of my minor child (or myself as an 18+ year old student).

I waive any right to inspect the finished product, whether in video, film or audio as well as any advertising material, printed, videotaped or filmed that may be used in conjunction with NATIVE, Inc. use of my minor child's likeness (or myself as an 18+ year old student).

I state that I am at least eighteen years of age and competent to execute this document on my minor child's (or myself as an 18+ year old student) behalf described below. I agree that I will not hold NATIVE, Inc. responsible for consequences due to any false statements I may have made in connection with executing this document. By signing this document, I declare that my consent is granted freely and without obligation, expressed or implied, for payment or any other consideration from NATIVE, Inc.

I hereby certify that I am the parent or legal guardian of the minor child described below and, as such, I am entitled to give the consent described in this document to NATIVE, Inc. on behalf of the minor child described below. Being the parent or legal guardian of the minor child described below, I hereby consent to and agree to be bound by the above terms of this consent (or myself as an 18+ year old student).

Print full name of parent/guardian / 18+ yr old student

Signature of parent/guardian / 18+ yr old student

Full address (including city, state and zip)

Date

Home phone

Work/Cell phone