



Application Requirement Checklist

APPLICATION REQUIREMENTS

June 22nd – 26th, 2015

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
- 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.

You will be notified the week of June 15th, 2015, if you were selected.

NORTH DAKOTA INDIAN YOUTH LEADERSHIP ACADEMY

Space is Limited! Apply Now!

2015 SUMMER ACADEMY APPLICATION

Applications must be postmarked by June 12th, 2015

June 22nd - 26th, 2015

Name: _____ SS#: _____ - _____ - _____
(Last) (First) (MI)

Current **2014-2015** grade in school: **9, 10, 11, 12** Email: _____

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
North Dakota Indian Affairs Commission
600 East Boulevard, 1st Floor Judicial Wing, Rm 117
Bismarck ND, 58505-0300

Fax to: Fax #: (701) 328-1537

For additional information: Call the ND Indian Affairs Commission at (701) 328-2428 or Merle F. Botone @ 701-328-2443 or email botone@nd.gov.

CONSENT OF PHOTO/VIDEO RELEASE FOR MINOR CHILD / ADULT STUDENT
North Dakota Indian Youth Leadership Academy 2015

Between: North Dakota Indian Affairs Commission
North Dakota Indian Youth Leadership Academy
600 East Boulevard Avenue
Bismarck ND 58505

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

Street address

City, State, Zip code

I hereby assign to North Dakota Indian Affairs Commission (NDIAC) 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 NDIAC 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 NDIAC 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 NDIAC including any authorized agents of NDIAC 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 NDIAC 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 NDIAC 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 NDIAC.

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 NDIAC 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