### Parent/Guardian Release:

I hereby irrevocably consent to and authorize the Indian Child Welfare program Staff to use my child's photos, videos and all submitted material at this retreat in future educational, advertising and for publicity material for this program, I give permission for IVision staff to seek medical attention for my child and understand emergency contacts will be notified. I agree to hold harmless the Nez Perce tribe social services & Retreat Staff in their actions of transporting & chaperoning my child at the Wallowa, OR Youth Retreat on June 16<sup>th</sup> – 18<sup>th</sup>, 2021.

Parent/Guardian Signature Print Name

#### **Student Responsibility:**

I have read and understand and agree to the rules & guidelines asked of myself while attending the Wallowa Youth Retreat. I will represent myself, family and community with dignity and will respect the camp site and all Retreat Staff and my peers. I understand if I break any of the Retreat rules, guidelines or disrespect any staff or participants, my parent/guardian will be contacted and I will be transported home with the chance of not being allowed to attend any future Retreats and Activities.

Stud	ont	Signature	
Stuu	ent	Signature	

Print Name

### **Emergency Contact Information:**

(In Case of an emergency & th	e parent/guardian cannot be
contacted, the following p	eople may be contacted)
Name:	_ Phone:
Relationship to Child:	

Name:\_\_\_\_\_ Phone:\_\_\_\_\_ Relationship to Child:\_\_\_\_\_

### **Medical Conditions:**

(If you child has any current medications or has any allergies please list below to ensure staff can make proper arrangements)

Current Medications:\_\_\_\_\_

Allergies:\_\_\_\_\_

### **Our Mission:**

Strengthen the connection to self, family, and community. While preparing youth to be the future leaders of young warriors



### For More Information Contact:

Indian Child Welfare Program Nez Perce Tribe Social Services PO Box 365 – 310 Agency Rd. Lapwai, Idaho 83540

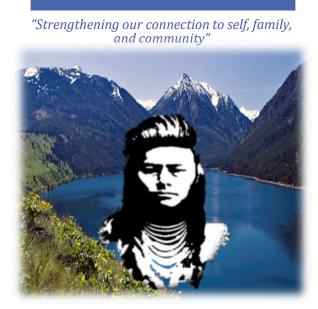
> Phone: 208-843-7302 Cell: 208-790-1067



### Indian Child Welfare Program

Nez Perce Tribe Social Services Presents:

# 5<sup>th</sup> ANNUAL WALLOWA YOUTH RETREAT



# June 16th – 18th, 2021

Tamkaliks Powwow Grounds

Wallowa, Oregon

(For youth ages 13–18)

### APPLICATION DEADLINE: JUNE 14, 2021

# Future Leaders of Young Warriors Wallowa Retreat

Providing participants an opportunity to engage in healthy relationship skills as it relates to Nez Perce culture and how we deal with life challenges today. At this interactive camp you learn many life skills and participate in hands on activities such as:

- ≻Historical Trauma
- > Hunting & Gathering: Gender Differences
- ≻ Healthy Conflict Resolution
- Healthy Communication
- ➢ Healthy Relationship Skills as it pertains to friends, family & community
- Living In Balance: learn to create the life and relationships you want.

Our main focus is for youth to have the tools needed to live a positive and productive lifestyle while Reconnecting to themselves, Family, Community, and Culture.



### **CAMP INFORMATION:**

Departure from the PiNeeWaus is at 9:00am on June 16, 2021. Our Retreat will be on the Tamkaliks powwow grounds, long house & Wallowa Interpretive Center. We will return on June 18<sup>th</sup> 2021 at 5:00pm.

Food is provided, participants can bring extra money for snacks on travel days. Tents will be available for your sleeping arrangements. (if you want to bring a tent, you are welcome to do so, you will be in charge of set up & take down of your tent). There is bathroom facilities and showers, together we can experience camping and fun outdoor adventure activities.

### **Covid Protocols**

Their will be routine temperature checks before any gathering, along with asking if participants might be feeling any new symptoms. Their will also be hand sanitizing stations and masks worn to protect ourselves and others

Evening Hike Stickgame Mini Powwow Healthy Relationship Financial literacy Cultural Activities 3 on 3 Basketball Day at the lake Go Carts



# **Participant Application:**

Δσρ.	
Age	DOB:
Ph:	Email:
Mailing Add	lress:
Physical Add	dress:
T-Shirt Size	(Adult Sizes):
Parent/Gua	rdian Name:
Ph:	Email:
Any Additio	nal Comments:
	YOU TO OUR