



# Yav Kuma Itapan Registration

Parent/Guardian Permission Slip, Publication Release Form  
An incomplete application will not be accepted.

LEAD STAFF: Alma Bickford – Happy Camp Beatrice Edwards- Orleans Laura Olivas – Yreka

### STUDENT INFORMATION:

Circle: **SIZE:** (Adult sizes): **S – M – L – XL**

STUDENT’S NAME: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street City

STUDENT HOME PHONE #: \_\_\_\_\_ STUDENT CELL PHONE #: \_\_\_\_\_

STUDENT E-MAIL ADDRESS: \_\_\_\_\_

#### Initial each:

I understand I am responsible for picking up a kit each day \_\_\_\_\_

I understand I am responsible for completing kits in order to receive the next kit \_\_\_\_\_

I understand if I do not complete kits or do not show up I forfeit my opportunity to receive a fair bracelet and prize items, and my slot will go to the next student on the waitlist \_\_\_\_\_

STUDENT SIGNATURE: \_\_\_\_\_  MALE  FEMALE

### PARENT/GUARDIAN/EMERGENCY CONTACT INFORMATION:

NAME: \_\_\_\_\_ RELATIONSHIP TO STUDENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_  
Street City

WEEKDAY DAYTIME PHONE #: \_\_\_\_\_ CELL PHONE #: \_\_\_\_\_

PARENT/GUARDIAN E-MAIL ADDRESS: \_\_\_\_\_

Authorized adult to pick up STEM Kits for your student: \_\_\_\_\_

**I understand, I am responsible for picking up “take home” STEM kits daily from 11:30am-1:00pm at the designated location. Please contact Alma Bickford at (530) 493-1600 ext.2034 to make different arrangements for pick up. If kits are not picked up by 1:15pm the slot is forfeited and given to the next student on the waitlist. Parent/Guardian Initial**

**Yreka- Wellness Center Happy Camp- Computer Center Orleans- DNR**

My student has permission to participate in the Math/Science camp.  Yes  No

The Karuk Tribe may use my child’s picture in publication materials, brochures, websites and display boards.  Yes  No

I understand that the Karuk Tribe does not provide any medical insurance or cover any charges my student may incur due to injury while performing any of the take home STEM kits.

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
DATE

Return form to: Alma Bickford Karuk Education Department Office in Happy Camp via email ([abickford@karuk.us](mailto:abickford@karuk.us)), OR interoffice no later than FRIDAY July 9<sup>th</sup>, 2021 by 5pm.