



**Quileute Tribal Youth Program**  
179 Quileute Heights La Push, WA 98331  
Phone: (360) 374-2049



## Quileute Tribal Youth Program Enrollment Form

*The Quileute Tribal Youth Program is open to all Quileute community youth, between the ages of 12-18 years of age. Our goal is to provide youth a safe and fun environment for out-of-school opportunities to learn, grow, and be involved in their community. Program activities include: sports and recreation, arts and culture, academic support and tutoring, prevention education, community service and leadership.*

*Confidentiality Statement: Any confidential information requested is for our records only. The answers you provide will be kept confidential. Your cooperation in providing this information is both appreciated and necessary.*

### **PARTICIPANT INFORMATION:**

**Participant Name (First, Middle, Last):** \_\_\_\_\_

**Home Address (Street, City, State, Zip):** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Alternate Phone:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**School Attending:** \_\_\_\_\_ **Grade Level:** \_\_\_\_\_

Please complete the ***Release of Information Form*** attached at the end of this document. A ***Release of Information*** is required for program participation, so program staff may access information from youth's school regarding grades, attendance, and behavior so that staff can better support and assist youth in meeting academic goals and needs.

**Tribe Enrolled/Descended (if applicable):**

\_\_\_\_\_

*\*Participants do NOT have to be tribally enrolled to participate.*

**FAMILY OR LEGAL GUARDIAN INFORMATION:**

Legal Parent/Guardian: (First) \_\_\_\_\_ (Last) \_\_\_\_\_ (MI) \_\_\_\_\_

Home Address (Street, City, State, Zip):  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Legal Parent/Guardian: (First) \_\_\_\_\_ (Last) \_\_\_\_\_ (MI) \_\_\_\_\_

Home Address (Street, City, State, Zip):  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

Please list three emergency contacts in the case of an emergency and we are unable to reach the above parents/legal guardians.

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

**MEDICAL INFORMATION:**

Name Primary Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address and City: \_\_\_\_\_

Participant's Hospital Preference: \_\_\_\_\_

Does the participant have any known allergies?                      Yes    or    No

If yes, please list them: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does the participant have any medical conditions we need to be aware of? Yes    or    No

If yes, please list them: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does the participant take any medications we need to be aware of?                      Yes    or    No

If yes, please list them: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **PARTICIPANT CODE OF CONDUCT**

*Participants in the Tribal Youth Program are expected to conduct themselves in a manner that is cooperative with the group. To ensure a safe and secure program for all participants of the Youth Program, youth will strive to fulfill the following:*

- ❖ Drug, Alcohol, and Tobacco Free.
- ❖ Be Kind and Respectful (To other youth, staff, guests/volunteers, equipment/materials, etc.).
- ❖ Be Positive and Participate.
- ❖ No Public Displays of Affection (Please keep hands, arms, and body parts to yourself).
- ❖ Use of Appropriate and Respectful Language (No cursing, name calling, racist, discriminatory, sexual, or hateful commentary of any kind will be tolerated).
- ❖ Be Safe (Report all unsafe or illegal activity to the youth program staff immediately).
- ❖ No Roughhousing, Fighting, or Violent Behavior.
- ❖ Clean Up. (Put away equipment/ materials used, wash dishes, throw away trash, etc.)
- ❖ When on offsite activities, youth must adhere to all rules and stay with the group. Failure to follow the rules and guidelines set by program staff will result in removal from future field trips, as determined by the staff.
- ❖ The internet is to be used for educational purposes such as homework and projects related to school and youth program and youth council activities. Engagement of pornographic, violent, or otherwise inappropriate material, as well as acts of cyberbullying and conversing in chatrooms, or use/downloading of pirated material is prohibited. Youth will be banned from using the internet in the future and parents will be notified with further potential consequences.

*If the above guidelines are not followed, the following behavior consequences may occur:*

**1<sup>st</sup> Offense:** Verbal warning; discussion with Youth Coordinator

**2<sup>nd</sup> Offense:** Suspension for one day; phone call home

**3<sup>rd</sup> Offense:** Discussion with Youth Coordinator and Parent/Guardian to discuss further consequences and plan of action to make reparations, steps for return to program participation, and establish consequences for future or continued behavior problems.

*There are some situations that may occur where verbal and written warnings may be bypassed, and the participant may be suspended from participating in the program. This may include displaying physical violence (i.e. fighting), damaging property, and/or other serious behaviors that are not tolerated at the Tribal Youth Program and Teen Center, as determined by the Youth Program Coordinator or designee. If the participant's behavior continues to be disruptive to the program after following the above behavior consequences, the Youth Program reserves the right to withdraw the participant from the program.*

### **GRIEVANCE PROCESS:**

The Youth Program strives to provide quality service to all youth participants through following and implementing the above-mentioned policies and procedures of the program. However, it is also important that youth participants and their parent(s)/guardian(s) have an opportunity to raise concerns and resolve issues in order to achieve a fair and positive environment for all youth.

#### **STEP 1:**

If a youth participant or their parent(s)/guardian(s) feels the need to raise a concern formally then they must do it with within seven (7) days after the issue of concern occurs. The concern must be submitted in writing to the Youth Program Coordinator or Youth Program Assistant. The Youth Coordinator will then review the concern and within five (5) days will set up a meeting to address the complaint with the youth participant and their parent(s)/guardian(s).

#### **STEP 2:**

If the issue is not resolved after the meeting with the Youth Coordinator, the youth participant and their parent(s)/guardian(s) have five (5) days after the meeting to submit their concerns in writing to the Youth Programs Manager. The Youth Programs Manger will then review and follow up with the youth participant and their parent(s)/guardian(s), as well as the Youth Program staff within seven (7) days on a way to resolve the issue in the most appropriate manner. Possible solutions may include an additional meeting with all parties.

#### **STEP 3:**

If the issue still persists, concerns should be written and submitted to the Human Services Director. The Human Services Director will respond within (5) days of concerns being submitted. Concerns may be resolved with a meeting with all parties. If the issue cannot be resolved at the level of the department director, the parent(s)/guardian(s) have five (5) days to submit their concerns in writing to the General Manager, who will follow up with the family or the department director, as appropriate.

***Please Note:** Any concerns involving youth safety, illegal activity or possible abuse/neglect should be reported as soon as possible and would proceed through mandated reporting and/or law enforcement processes in addition to the regular grievance process.*

**GENERAL AGREEMENTS FOR PROGRAM PARTICIPATION:**

\_\_\_\_\_ **(Parent/ Guardian Initials) PERMISSION TO PHOTOGRAPH:**

The undersigned gives permission for the Quileute Tribal Youth Program to photograph the participant and understands that these photos may be used for the purpose of flyers, brochures, newsletter publications, reports, program social media accounts, etc.

\_\_\_\_\_ **(Parent/ Guardian Initials) CONSENT TO PROVIDE MEDICAL ATTENTION:**

The undersigned understands and acknowledges that the Tribal Youth Program staff are neither physicians nor medical practitioners. The undersigned hereby gives his or her consent to and allows the Youth Program staff to provide, through medical staff of its choice, first aid, emergency medical assistance and necessary medical transportation, including ambulance services to a hospital, health care or treatment facility as deemed necessary with respect to any injury or medical condition that may be observed during the course of the undersigned's participation in the programs at the Tribal Youth Program/Teen Center.

\_\_\_\_\_ **(Parent/ Guardian Initials) PERMISSION TO ATTEND LOCAL TRIPS:**

The undersigned gives permission for the Quileute Tribal Youth Program to take his/her child identified in this packet on local field trips, hikes, and events within the Forks and La Push Service Areas including, the cities of Forks and La Push, First, Second, and Third Beaches, Rialto Beach/Mora, the Kitla Center, and wilderness/forest areas when participating in harvesting and gathering activities within the Quileute Usual and Accustomed areas.

\_\_\_\_\_ **(Parent/ Guardian Initials) TECHNOLOGY USE:**

The undersigned gives permission for his/or her child identified in this packet to use the internet provided by the Quileute Tribal Youth Program/Teen Center for the purpose of completing homework or other educational purposes, or for youth program and youth council activities. It is understood that while protections and filters are in place, the ability to access inappropriate content on the internet is not guaranteed. I, the undersigned, release the Quileute Tribal Youth Program, the Quileute Tribe and any of its affiliated partners and institutions, from any and all claims and damages of nature arising from use, or inability to use, without limitation, the type of damages identified in the Youth Program Code of Conduct. Furthermore, I and my youth have reviewed the Youth Program Code of Conduct and understand the guidelines for internet use. It is understood that inappropriate use of the internet as outlined is not acceptable and will not be tolerated. Any engagement of such behaviors will result in youth being banned from the use of internet for any and all purposes and may be subject to additional consequences depending on the nature and severity of the action.

**MEMORANDUM OF UNDERSTANDING:**

The undersigned certifies that we have read and understand the terms and conditions as stated in this enrollment packet and that all of the information provided is correct and accurate to the best of our knowledge. The undersigned promise to notify the Quileute Tribal Youth Program staff if any or all the above information changes.

\_\_\_\_\_  
*Parent/Legal Guardian Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Participant's Signature*

\_\_\_\_\_  
*Date*

**PARENT/GUARDIAN CONSENT FOR  
RELEASE AND EXCHANGE OF INFORMATION FORM**  
*Support Student Attendance and Academic Achievement*

The consent for release and exchange of information is for the purpose of sharing information on my child's educational performance in the \_\_\_\_\_ (Print name of school/ district) to include his or her attendance, behavior and academic performance. The purpose of releasing and exchanging this information will be to provide eligibility requirements for students participating in the Quileute Tribal Youth Program.

I \_\_\_\_\_, hereby authorize \_\_\_\_\_  
**PRINT:** *Parent/Guardian Name* **Print:** *Name of School/District*  
personnel to release and exchange specified information concerning my child's attendance, behavior and academic performance with personnel associated with the Quileute Tribal Youth Program.

\_\_\_\_\_  
**PRINT:** *Quileute Tribal Youth Program Designee*

This information may include the following:

- a) My child's current attendance, behavior and academic records.
- b) Data or information and update of progress toward student goals.

This consent form has been explained to me. I understand the nature of the information to be release, the need for this information and use which will be made of this information, and that there are statutes and regulations requiring recipients of this information to maintain the confidentiality of the information and use it only for its intended purposes. I hereby acknowledge that this consent is truly voluntary and understand the consent will expire automatically on June 31<sup>st</sup>, 2020. I further acknowledge that I may revoke this consent at any time.

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*Witness Signature*