Welcome Campers and Parents!

Welcome to the Zuni Youth Enrichment Projects 11th annual Summer Camp!

The 2019 Summer Camp will consist of two parts. Part 1 will be a ‘Sports & Culture Week’ held June 17th- June 20th. During this week, campers can join week-long ‘minicamps’ that focus on one of the following: Football, Taekwondo, Basketball, Soccer, Art, or Hiking (Zuni Trekkers). Part 2 is a 4 week enrichment camp June 24th- July 19th with a small break July 4th & July 5th. Registration will be on a first come first serve basis. We will accept the first 50 boy applicants and first 50 girl applicants. All applications must be dropped off at Ho’n A:wan Community Park. Applications will not be accepted via email or at school offices. Please only register if you can participate every day of the camps duration.

ZYEP will host a mandatory Parent/Guardian orientation session to discuss all details of the summer. Date & time to be determined.

Bus transportation is available to pick-up and drop off all participants only during Part 2 of camp June 24th- July 19th. At camp your child will also be provided with breakfast, lunch, and healthy snacks.

We have enclosed all the forms you’ll need to register for the camp: the camp registration form, and camp waiver form. Please drop completed forms off at the NEW ZYEP OFFICES at Ho’n A:wan Community Park, 13 Chimoni Dr., Zuni.

We are excited to get to know you, and we’re looking forward to another fantastic summer! If you have questions, please call the ZYEP office at (505) 782-8000.

Sincerely,

The ZYEP Team
ZYEP Summer Camp 2019
Application Packet

All About Camp:

Dates:

- Parent Orientation: June - Date TBD
- Sports & Culture Week: June 17th - June 20th (breakfast & lunch provided)
  - Basketball, Football, Taekwondo, Soccer, Arts, & Hiking
  - No Transportation provided this week, children should be dropped off on site by parent/guardian at appropriate location.
- 4 Week Summer Camp: June 24th - June 19th (breakfast & lunch provided)
  - End of Camp Celebration July 18th (all families welcome)
  - Bus Transportation to and from camp is available
  - Breakfast, lunch and snacks will be provided

Off Days:
- There will be NO CAMP July 4th - July 5th

Camp Home Base of 4 week summer camp:
- Shiwi Ts'ana Elementary School

Camper Expectations:
- Be ready to make new friends, try new things, and have fun!
- Follow direction from camp counselors and coordinators
- Tell camp leaders about any situation which may cause injury to the camp or other participants
- Participate daily for the full length of the camp
- Help their fellow campers- ZERO TOLERANCE FOR BULLYING

Parent/Guardian Expectations:
- Alert camp leaders about any concerns or suggestions immediately
- Tell camp leaders ahead of time if a camper will miss any camp day(s)
Camper’s name: _________________________________ Gender: ______________

Sibling/Family Member to be grouped with: ______________________

T-shirt Size: (circle one) YS YM YL AS AM AL AXL

Home Phone: ___________________Cell Phone: _______________________

Date of Birth:____________________ Age (as of June 2019):____________

Physical Address (this is where child will be picked up for bus transportation):___________________________________________________________

Mailing Address: ________________________________________________

City:_________________________ State: __________ Zip: __________

Parent/Guardian Information:

Mother/Guardian: _______________ Home Phone: _______________________

Cell Phone:____________________ Work Phone: _______________________

Email: _________________________

Father/Guardian: _______________ Home Phone: _______________________

Cell Phone:____________________ Work Phone: _______________________

Email: _________________________

Emergency Contact (MUST BE OTHER THAN PARENT/GUARDIAN LISTED ABOVE):

Name:_________________________ Relationship to camper: ________________

Street Address:________________________________________________________

Phone Number:________________________

Camper Information:

While you are not guaranteed your #1 choice, please number the following activities 1-6 (1 being your first preference, 6 being your last) that you would like to participate in for Sports & Culture Week:

_____ Basketball  _____ Football  _____ Soccer  _____ Art  _____ Taekwondo  _____ Zuni Trekkers (Cultural Hikes)

Office Use Only: Date Received: ____________ Application #: ____________

Received by: _______________________________
Parent Waiver Form  
(For Children Under 18 Years of Age)

Youth Participant’s Name: _____________________________  DOB:_________________________

Parent/Guardian’s Name:____________________________________________________________

Please read this form carefully and be aware that as the parent of a minor child in this program, you will be waiving and releasing all claims for injuries, loss of property, and or negligent acts.

As the parent of a minor child in the program, I recognize and acknowledge that there are certain risks of injury and I agree to assume this risk which my minor child/ward may sustain as a result of participating in any or all activities connected with or associated with such program.

I agree to waive all claims that my minor child may have as a result of participating in the program against the Zuni Youth Enrichment Project (ZYEP) and its officers, agents, servants, and employees. In order to minimize risks, I will take responsibility to see my minor child is prepared for all activities and is in good health each day of the session.

In case of medical emergency, I give my permission to the adults in charge of the ZYEP program to secure emergency medical treatment for my minor child.

I give permission for my minor child to be photographed and have work samples used as part of ZYEP promotions, publications, and fund-raising activities.

I give permission for my minor child to participate in a short survey related to camp.

I give permission for my child to be transported either by ZYEP transportation or by other commercial or public transportation for program activities.

I have read and fully understand the above Waiver and Release of All Claims.

_____________________________________________________________________________  ______________
Signature of Parent or Guardian                             Date
Please separate this page from your application and do not write your name on it. As part of our ongoing efforts to improve summer camp we would appreciate your input regarding participant satisfaction, personal impact, and our ability to meet our program objectives. Results of these surveys help us make important decisions. Please fill out this brief form (it should take approximately five minutes to complete). We truly appreciate your time and responses, and we will use your responses toward ensuring a high-quality experience at ZYEP’s summer camp.

Child’s Age:___________   Child’s Grade:___________

Decision to Attend ZYEP Summer Camp

1. Please select all factors that influenced your decision to register your child for ZYEP’s summer camp.

A. No cost for registration

B. Transportation provided to/from camp

C. The variety of physical activities at camp

D. The variety of cultural activities at camp (e.g., pottery, social dance)

E. The variety of healthy nutrition activities at camp

F. Quality of camp coordinators and teachers

G. Quality of camp counselors

H. Breakfast/lunch/snacks provided

I. My child attended camp last year and had a good experience

J. My child attended another ZYEP program and had a good experience

K. Prior attendance by a family member at a ZYEP program

L. Only summer youth program we know about
2. Which of the following outcomes are most important to you regarding what you hope your child will gain through attending ZYEP’s Summer Camp? (Please select 5 that are most important to you.)

A. To have fun
B. To build self-confidence
C. Participate in traditional activities that connect them to Zuni culture (e.g., pottery, social dance, hike to cultural sites, Zuni language)
D. Develop attitudes and skills for lifelong physical activity
E. Develop attitudes and skills for lifelong healthy nutrition
F. Connect with positive role models
G. Make new friends
H. A greater sense of belonging and acceptance
I. Learn Values (Respect, Responsibility, Cooperation & Honesty)
J. Develop positive attitude toward challenges
K. Get out of the house
L. Other reason not listed: ______________________________

3. In your opinion, are there enough youth activities being offered in Zuni for your child? (check one)

   Yes  No  Not Sure
   ☐    ☐    ☐

4. In your opinion, what youth programs would you like to see ZYEP offer in the future?

   __________________________________________________________
   __________________________________________________________

5. Please respond to the following statement.

   If my child came home from camp having learned or experienced____________________________________________________
   __________________________________________________________
   _______________________________. I would be very satisfied with my choice to have my child attend ZYEP’s Summer Camp.

   Thank you for your help.