The 23rd Annual NativeVision Camp in Bernalillo, New Mexico provides Native youth an opportunity to play side-by-side with professional and collegiate athletes. The camp will host approximately 700 youth from 15 tribes, professional athletes, tribal leaders, and national dignitaries. Campers will be guided through sports clinics and life skill workshops while the community at large participates in parenting workshops, community feasts and tribal celebrations. The NativeVision Camp promotes and celebrates all that is healthy and positive in the lives of Native youth. NativeVision is currently expanding its reach through year-round school-based programming in Tribal communities.

The NativeVision Camp and year-round programming have been designed to promote four major areas of well being for Native children and families:

**Healthy Minds:** The goal of "Healthy Minds" is to promote children's intellectual development and educational achievement.

**Healthy Bodies:** The goal of "Healthy Bodies" is to increase levels of fitness for children with the aim of reducing diabetes attack rates and obesity as a long-term outcome for this highly susceptible population.

**Healthy Families:** The goal of “Healthy Families” is to strengthen vulnerable families and improve health and life outcomes for young American Indian parents and their children.

**Healthy Communities:** The goal of “Healthy Communities” is to strengthen American Indian communities through environmental education and awareness projects, starting community gardens to cultivate traditional crops and teaching traditional foods cooking classes.

**NativeVision Camp 2019: Draft Camp Schedule**

<table>
<thead>
<tr>
<th>June 13th</th>
<th>8 am-12 pm</th>
<th>Camp Registration</th>
</tr>
</thead>
<tbody>
<tr>
<td>12-1 pm</td>
<td>Welcome Ceremony</td>
<td></td>
</tr>
<tr>
<td>1:30-5 pm</td>
<td>Sports Clinics</td>
<td></td>
</tr>
<tr>
<td>5-6 pm</td>
<td>Community Dinner</td>
<td></td>
</tr>
<tr>
<td>6:30 pm</td>
<td>All Star Basketball Game</td>
<td></td>
</tr>
<tr>
<td>June 14th</td>
<td>7-9 am</td>
<td>Breakfast</td>
</tr>
<tr>
<td></td>
<td>9am-12pm</td>
<td>Sports Clinics</td>
</tr>
<tr>
<td></td>
<td>12:00 pm</td>
<td>Pro Player Chats</td>
</tr>
<tr>
<td></td>
<td>1:30-4 pm</td>
<td>Parent Workshops</td>
</tr>
<tr>
<td></td>
<td>1:30-5 pm</td>
<td>Sports Clinics</td>
</tr>
<tr>
<td></td>
<td>5-6 pm</td>
<td>Community Dinner</td>
</tr>
<tr>
<td></td>
<td>6:30 pm</td>
<td>Activity Games</td>
</tr>
<tr>
<td>June 15th</td>
<td>7-9 am</td>
<td>Breakfast</td>
</tr>
<tr>
<td></td>
<td>9-10:45 am</td>
<td>Sports Clinics</td>
</tr>
<tr>
<td></td>
<td>11 am-12:00 pm</td>
<td>Farewell Ceremony</td>
</tr>
<tr>
<td></td>
<td>12:00 pm</td>
<td>Departure</td>
</tr>
</tbody>
</table>

Register by June 10, 2019
PARENTAL/GUARDIAN CONSENT FOR

*No participants will be accepted without signed consent forms

Please Type or Print Neatly

Participant Name (First & Last): __________________________________________________________________________ Age: __________

Birth Date: ___________________  □ Male  □ Female  Tribe: ________________________________

Current Grade in School: _______ School Name: ________________________________________________

Address: ___________________________________________ Physical Home Location: ________________

City/ State/ Zip: ___________________ Parent E-mail: ________________________________

Home Phone: _________________________ Alternate Phone: ______________________________

BUS #/Stop (if you take Bernalillo Public School Transportation): ______________________________________

T-shirt Size:  S  M  L  XL  XXL

Sports Clinics (list top choices 1, 2, 3):  □ Football open to ages 13-18  □ Soccer open to ages 7-18

□ Basketball open to ages 11-18  □ Lacrosse open to ages 7-18

□ Running open to ages 9-18

I ____________________________________________________________________________________________

(Parent/Guardian Name) give my permission for __________________________________________________________________________ to participate in

(Child’s Name)

any and all of the activities at the NativeVision Sports and Life Skills Camp at Bernalillo Public School District schools and facilities

at Bernalillo High School in Bernalillo, New Mexico on June 13-15, 2019. Once my child is at camp, he/she has my permission to

participate in any or all camp activities including sports clinics, cultural activities, Native games, life skills workshops and meals. I

realize that my child will participate in all activities at his/her own risk. I understand that injuries can occur during athletic play

and during other activities. While I am assured that Johns Hopkins University, partners Bernalillo Public School District, Bernalillo

High School, Five Sandoval Indian Pueblos and Notah Begay Foundation (NB3) will take any and all reasonable precautions to

protect the safety of my child, I consent that Johns Hopkins University, partners Bernalillo Public School District, Bernalillo High

School, Five Sandoval Indian Pueblos and Notah Begay Foundation (NB3) is neither the guarantor nor the insurer of my child’s

safety. My child is ultimately taking part in the 2019 NativeVision Camp at his/her own risk.

I give my explicit consent for Johns Hopkins University to videotape and photograph my child while taking part in camp activities

and to distribute by any means the image or voice of my child for promotion of camp and other public health programs of Johns

Hopkins Center for American Indian Health and partners Bernalillo Public School District, Bernalillo High School, Five Sandoval

Indian Pueblos and Notah Begay Foundation (NB3).

I give my consent for my child to fill out a survey at the beginning and end of camp regarding his/her educational goals and vision

for the future at camp. I understand that community volunteers will be present at the camp to help my child with the survey if

need be. I understand that his/her input will help Johns Hopkins University and partners Bernalillo Public School District,

Bernalillo High School, Five Sandoval Indian Pueblos and Notah Begay Foundation (NB3) develop further programs to support

American Indian education and well-being.

________________________________________________________ _________________

Parent/Guardian Signature  Date

________________________________________________________

Printed Name
Medical Release Form

Child’s Name: ____________________________________________________________

Current Medical Provider: __________________________________________________ (Physician’s Name and Phone #)

Child’s health is insured by: __________________________________________________ (Medical Insurance Carrier and Policy #)

Allergies (if any): _________________________________________________________

Other Medical Conditions: _________________________________________________

Current Medications: ______________________________________________________

Reason for medications: ___________________________________________________

Parent/Guardian Contact Information:

NAME: ____________________________________________________________ RELATION: ______________________

EMAIL: ___________________________________________________________________________

Cell Phone: ___________________________ Work Phone: _________________________________

Alternate Phone #: _____________________________________________________________

PARENTS APPROVAL AND MEDICAL RELEASE
Recognizing the possibility of physical injury associated with the sport clinics, I hereby release, discharge, and/or otherwise indemnify NativeVision coaches, its affiliated sponsors, and partners Bernalillo Public School District, Bernalillo High School, Five Sandoval Indian Pueblos and Notah Begay Foundation (NB3) against any claim by or on behalf of the athlete as a result of the athlete's participation in the NativeVision Sports and Life Skills Camp and/or while being transported to or from the facilities, which transportation I hereby authorize. I hereby give consent to have an athletic trainer and/or Doctor of Medicine or dentistry provide my son/daughter with medical assistance and/or treatment and agree to be responsible for the reasonable cost of such assistance and/or treatment. In case of injury or sudden illness, I hereby give consent for medical treatment as may be required for my child’s health and safety while attending the NativeVision Sports and Life Skills Camp. I understand that I will be responsible for any medical expenses.

________________________________________  ______________________   __________________________________
Parent/Guardian Signature     Date                          Printed Name