



NOME ESKIMO COMMUNITY
P.O. Box 1090
Nome, Alaska 99762
Phone: (907) 443-2246
Fax: (907) 443-3539
www.necalaska.org

Amaat Afterschool Program

*Please complete and return application to Nome Eskimo Community at
200 W. 5th Avenue or Fax 907-443-3539*

Participant Name: _____ Birth date: _____

Age: _____ Grade completed: _____ Male: _____ Female: _____

Parent(s)/Guardian(s) Name _____

Address: _____

Phone Home: _____ Parent/Guardian Work Phone: _____

Parent Cell Phone: _____

Parent/Guardian E-Mail Address: _____

.....

In case of an emergency, please contact (other than parents): _____

Home Phone: _____ Work Phone: _____

Health Insurance Company: _____

Policy number: _____

.....

Do you have any allergies? (Mosquito bites, medicines, foods, etc.) Yes: _____ No: _____

If yes, please explain: _____

Are you currently taking any medications? Yes: _____ No: _____

If yes, please explain: _____

Other pertinent facts to which staff and/or a medical physician should be alerted: _____

YOUTH PARTICIPATION AGREEMENT
NOME ESKIMO COMMUNITY

Participant's Name: _____

As a participant of the Amaat Afterschool Program, I agree to the following:

1. I am responsible for my own actions and will act in a mature manner at all times during the activities.
2. I agree to attend and participate in all the scheduled activities that I have signed up for.
3. I will NOT use alcohol, tobacco or other drugs during the activities.
4. I will honor the activity schedule; therefore I will not leave the premises of the activity unless accompanied by an NEC staff. I will be accountable for my whereabouts at all times during the activities and will keep a staff person informed of my intentions.

As a parent of a participant, I agree to the following:

1. Pick up and drop my child (children) off at the established beginning and end of the activity, and communicate with NEC regarding inability to do so.
2. Encourage my child (children) to engage enthusiastically and respectfully in the activities.

I (participant) agree to the above terms and conditions.

(Participant's) signature

Date

.....
I have read the above youth participation agreement and discussed the consequences of violating any of these agreements with my child.

(Parent/legal guardian) signature

Date

Relationship

**RELEASE, WAIVER AND INDEMNIFICATION
NOME ESKIMO COMMUNITY**

In consideration of the permission granted to _____ (Participant) to participate to the Amaat Afterschool Program. The undersigned participant or his/her parent or legal guardian, if the participant is under the age of 18 years, do hereby execute this release, and indemnification for himself/herself, and his/her heirs, successors, representatives and assigns, and hereby agree:

To release Nome Eskimo Community (NEC), it's employees, officers, volunteers and agents from any and all liability, loss, damage, costs, claims or causes of action including all personal injuries and property damage, known or unknown which the participant has or may incur by participating in the Activity, excluding liability arising out the sole negligence of NEC.

The undersigned further agrees to defend, indemnify, and hold harmless NEC and its officers, employees, volunteers, and agents from any and all claims, damages, losses, liabilities or expenses (including but not limited to reasonable legal, consulting and other fees) (the claims and liabilities) which may be asserted against, imposed upon, or incurred by NEC, its officers, employees, volunteers, and agents, asserted by any third party or parties and which arose out of or result from participants participation in the activity; provided however that the undersigned's obligation to defend, indemnify, and hold harmless shall not apply to any claims and liabilities that arise as a result of the negligence of NEC.



AGREEMENT AND CONSENT FOR PARTICIPATION AND NECESSARY TREATMENT

This is to certify that, I the undersigned participant, or parent/guardian if the participant is under 18, hereby consent to and authorize the participation in the NEC activity, as well as administration and performance of all needed medicines, surgical treatments, and administration of any anesthetic, which in the opinion of the attending physician, may be necessary and advisable in the event of the medical emergencies to the participant. It is understood that efforts shall be made to contact the undersigned parent or guardian prior to rendering emergency treatment to the patient.

Participant's name (first and last)

Date

Parent/legal guardian signature

**PARENT PERMISSION FOR STUDENT PUBLICATION
NOME ESKIMO COMMUNITY**

Activities and events sponsored by Nome Eskimo Community occasionally are photographed or videotaped by staff and students for publication in NEC presentations, websites or the Nome Nugget Newspaper. Please initial the boxes below to indicate the level of publication permission you would like to grant your child. Sign and date and return to NEC as soon as possible.

CHECK THE APPROPRIATE BOX/ES:

- Nome Eskimo Community may publish my child's picture on the internet (example – NEC website)
- Nome Eskimo Community may publish my child's first name on the Internet
- Nome Eskimo Community may publish my child's last name on the Internet
- Nome Eskimo Community may publish my child's picture or video clips for NEC sponsored projects. (Example ~ NEC tribal council meetings, annual meetings)



**PARTICIPANT'S WAIVER OF CLAIM AND INDEMNITY FOR TRANSPORTATION SERVICES
NOME ESKIMO COMMUNITY**

For and in consideration of Nome Eskimo Community providing my child(ren) transportation service. I, _____, on behalf of my child(ren) _____, hereby waive, release, discharge, hold harmless and indemnify **Nome Eskimo Community** its officers and employees, from and against any and all claims, suits, damages, costs, fees, (including, but not limited to, reasonable attorney's fees), losses, expenses, causes of action, judgments, and liabilities of every nature or kind (collectively "liabilities"), in equity or law, in any manner arising out of or in connection with Nome Eskimo Community providing transportation, unless such liabilities are caused by the gross negligence or willful misconduct of Nome Eskimo Community. I agree to abide by all safety rules of Nome Eskimo Community.

If any provision of this agreement, or the application of same is held invalid, all remaining provisions of this agreement and the application of such provisions to circumstances other than those which are held invalid shall not thereby be held invalid, and to this end the provisions of this agreement are expressly understood and agreed by the parties to be severable.

Student's Name

Date

(Parent/legal guardian) signature

Date

Youth Services Staff signature

Date

APPLICATION MUST BE TURNED IN BY THE TIME OF THE ACTIVITY

If you have any question, please contact:

Silas Wade, Youth Services Specialist, 907-443-9101, silas.wade@necalaska.org

PORTION TO BE FILLED OUT BY EMPLOYER EMPLOYMENT & INCOME VERIFICATION

The above named individual has applied for services through the Nome Eskimo Community Youth Services Program. Please provide the following information for verification:

Employer Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Applicant's Job Title: _____

Date of Hire: _____ Date of first check: _____

Amount of first check: _____

Hourly Salary: _____ Hours Per Week: _____ Pay Schedule: _____

Annual Gross Income: _____ Annual Net Income: _____

Monthly Gross Income: _____ Monthly Net Income: _____

Please indicate applicant's employment status:

Temporary – Full-time since (date) _____ Temporary – Part-time since (date) _____

Seasonal through (date) _____ Regular – Full-time Regular – Part-time

Please describe the applicant's work schedule: _____

Has the employee been terminated? Yes No If yes, give reason _____

Has the employee received their final paycheck? Yes No

Total NET income received from their final paycheck: \$_____ Date of Final Pay: _____

Signature of Supervisor or Employer

Date

Please Complete and Return to:
NOME ESKIMO COMMUNITY
Youth Services Program
P.O. Box 1090
Nome, AK 99762
Phone: (907) 443-2246
Fax: (907) 443-9144

RECORD OF INCOME & RESOURCES

All information for the completed NEC Youth Services Program scholarship is based on the previous thirty (30) days. It is your responsibility to notify the tribal services staff if there is any changes to your income and rent.

List each household member’s information for earned or unearned income received the previous thirty (30) days. Please bring in copies of all documents needed.

Source of Income	Gross Amount (before taxes)	Net Amount (after taxes)	Payment Schedule
APA – Adult Public Assistance			
ATAP or TANF			
Child Support (member number)			
Disability Insurance			
Food Stamps			
Pension or Retirement			
Salary, Wages, Earned Income			
Social Security			
Unemployment Insurance Benefits			
Allowable Deductions			
Federal, State, Local, FICA Taxes			
Health Insurance			
Reasonable Transportation Costs			
Child Care paid in order to work			
Child Support Payments			
Other:			
Other:			
TOTAL MONTHLY INCOME			

Parent/Guardian signature: _____

Date: _____

