



BEAR RIVER BAND of ROHNERVILLE RANCHERIA
266 Keisner Road, Loleta, CA 95551, 707-733-1900, FAX 707-733-1723

Ts' Denoni Youth Program Membership Application (Renewal)

Bear River Social Services

Youth ages (6-18)

588 Singley Rd Loleta, CA 95551

(707) 733-1900 ext. 2 ~ Fax (707) 875-7229

Ts' Denoni is the Mattole word meaning "Where the Bear Plays."

Vision

Provide safe space to promote healthy forms of social interaction and development that encourages youth to be positively, proactively, and productively involved in the Bear River Community.

Mission

Implement new and effective ways of living by fostering physical, mental, emotional, and spiritual development through traditional values and beliefs in order to build a unified and self-reliant future for the Bear River Community.



Member Information:

First Name _____ Last Name: _____ Middle _____

Birth date: ____/____/____ Gender _____ School _____ Grade _____

Home address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____ Facebook Contact: _____

Primary Legal Guardian Information:

First Name _____ Last Name: _____ Middle _____

Address same as above (Yes / No)

If No: _____

Home address: _____ City: _____ State _____ Zip: _____

Home Phone: _____ Cell: _____ Work Phone: _____

Secondary Legal Guardian Information:

First Name _____ Last Name: _____ Middle _____

Address same as Member above (Yes / No)

If No: _____

Home address: _____ City: _____ State _____ Zip: _____

Home Phone: _____ Cell: _____ Work Phone: _____



Medical Information:

Does the member have any physical, emotional, or other conditions that might impact the member's use of the program?

Known Allergies (Please list)

Physical impairments or limitations (Please explain)

Medication taken
regularly: _____

Other information that the Ts' Denoni should be aware of:

Name of Medical Insurance: _____

Policy Number: _____

Telephone Number: _____

Emergency Contact: (List 2 Contacts)

- 1) First Name _____ Last Name: _____ Relation: _____
Home Phone: _____ Work Phone _____ Cell _____
- 2) First Name _____ Last Name: _____ Relation: _____
Home Phone: _____ Work Phone _____ Cell _____



YOUTH BEHAVIOR CONTRACT:

Behavior

The Standards of Behavior outlined below apply to all members of the Bear River community, including students, parents and guardians, staff, volunteers and visitors when:

- on Bear River property;
- traveling in Bear River provided transportation;
- participating in extra-curricular activities;
- participating in off-site Youth-sponsored activities; and
- engaging in any activity which might have an impact on the Bear River community.

The Ts' Denoni Youth Program is committed to provide a caring and inclusive environment by promoting respect, responsible citizenship, and accountability. A basic and fundamental goal of the Youth Program is to help create a positive social climate and culture at Bear River where all members of the community feel safe, comfortable, and accepted.

Standards of Behavior

All members of the Ts' Denoni Youth Program are expected to:

- Respect and comply with federal, provincial, and municipal laws;
- demonstrate honesty and integrity;
- respect the rights of others and treat one another with dignity and respect at all times, regardless of economic status, race, color, national or ethnic origin, language group, religion, gender, sexual orientation, gender identity, age or ability;
- show proper care and regard for Bear River property and the property of others; and
- take appropriate measures to help those in need.

Inappropriate Behaviors

All members are expected to refrain from:

- Any aggressive, violent, or bullying speech or behavior (physical, verbal, social,) that hurts (physically, socially, or emotionally) another person, including using technology or social media to abuse or bully another person;
- Making derogatory or hateful comments toward any individual or group, including racial, homophobic, or transphobic comments;
- Wearing clothes that depict violence, profanity, or discrimination.
- Threatening an individual or group of people or threatening to damage property;
- Injuring an individual, group of people, or property;
- Using technology to interfere with the positive climate of the Youth Program;



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Actions that may serve to compromise the integrity of the Ts' Denoni Youth Program and its obligation toward Youth well-being will not be condoned or allowed.

Any youth that are found to be in violation of the Standards of Behavior and/or engaging in behavior deemed inappropriate by the Bear River Program staff will be subject to appropriate disciplinary action including time out from activities, mediation with parents involved, and/or being sent home for the day. In extreme circumstances, inappropriate behavior can result in youth being removed from the program.

SIGNATURE OF LEGAL GUARDIAN _____ DATE _____

SIGNATURE OF YOUTH PARTICIPANT _____ DATE _____



Member to be transported

Name _____ Date of Birth _____
Street Address _____ State _____
Zip Code _____
Home Phone Number _____ Cell Phone number _____

If the person being transported is a minor (under the age of 18), the following section must be completed

Legal Guardian _____
Home Phone Number _____ Cell Phone Number _____

Does the person being transported have any special dietary needs, allergies, or any health problems which the Ts' Denoni Youth Program should be aware of?

- Yes
- No

If Yes, please explain

Emergency Contact (other than Legal Guardian) _____

Relationship _____ Phone Number _____

Vehicle Code of Conduct

Violation of the Code of Conduct may result in vehicle privileges being suspended for a duration to be determined by Ts' Denoni Youth Program Coordinator

- Remain respectful of all people around you
- Wear a safety belt at all times when traveling
- Remain in your seat and do not be disruptive to those around you or to the driver
- Follow all other conduct rules that apply to events held by the Ts' Denoni Youth Program



Transportation Waiver & Release

I, _____, give my consent for my child named below to be transported by the Bear River Band of Rohnerville Rancheria Ts' Denoni Youth Program and will assume all liability for my or their participation in this activity and any injury that may result during the provided transport or at the activity.

Furthermore:

1. I will not hold the Bear River Band of Rohnerville Rancheria, its employees, agents, assigns, or anyone acting on its behalf liable for injury or death occurring to the person named herein in the course of the activity or travel.
2. I accept financial responsibility for personal items lost by the person named herein.
3. I authorize the Bear River Band of Rohnerville Rancheria Ts' Denoni Youth Program to obtain, through medical personnel of its own choice, any emergency medical care that may become reasonably necessary for the person named herein in the course of such activities and travels and, additionally, agree to accept the cost of the transportation and/or treatment by medical personnel or facility.
4. If by law my child requires a car seat or booster seat, I am responsible for providing a car seat/booster seat and installing it in the vehicle.
5. I accept full responsibility and hereby grant permission for me or my minor child to travel with the Bear River Band of Rohnerville Rancheria Ts' Denoni Youth Program.

I have read the Ts' Denoni Youth Program Transportation guidelines, and I understand that limited transportation is available on a first-come, first-served basis. I give permission for Bear River Staff members to transport my child _____ to and from Ts' Denoni Sponsored events and/or activities and hereby agree to all terms of this waiver.

Print Name

Sign Name

Signed this _____ day of _____, 20_____.



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Ts' Denoni Participant Media Release

I give Bear River Rohnerville Rancheria permission to have _____'s name listed as a Ts' Denoni participant and authorize any future use of his or her photo or statements for media and promotional campaigns related to the above health topics. This may include being used in newsletters, news releases, newspaper articles, media interviews, PSAs, websites, media projects, and other media entities.

Print Name

Signature of Legal Guardian or Representative

Signed this _____ day of _____, 20_____.



Lice Policy

Children in Ts'Denoni Youth Program will be routinely checked for lice. If lice are identified or suspected, children will be removed from the current activity and taken to the Social Services Department until guardians are contacted, but children must be treated for lice before returning to Ts'Denoni Youth Program.

If there appears to be an outbreak of lice throughout the Ts'Denoni Youth Program, Social Services will send a note home with the youth as well as post on Social Media for parents to check their child's hair lice. Bear River Families are eligible to receive services listed under the Social Services Lice Policy to help in the removal of lice. Please reach out to Social Services to access those benefits.

I have read and understand what is stated above:

Signature of Legal Guardian or Representative

Signed this _____ day of _____, 20_____.



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Drop In Program Policy:

The Ts' Denoni Youth Program/Social Services- staff does not grant permission for participants to leave the program, nor do we insist that they stay. The decision as to when a child arrives at the program or when with whom they leave is a matter arranged between the child and the legal guardian.

I have read and understand the Ts'Denoni/Social Services Drop In Program Policy above:

Signature of Legal Guardian or Representative

Signed this _____ day of _____, 20_____.



Ts' Denoni Off-Site Outings Permission

I hereby give consent for _____ to participate in Ts' Denoni Youth Program's/Social Services off-site sponsored activities, including (please check all that apply):

_____ Swimming at Arcata Community Pool and Eureka Health Sport

_____ Hiking/Outings at locations throughout Humboldt and Del Norte Counties

_____ Community events throughout Humboldt and Del Norte Counties

_____ Cultural Ceremonies and activities throughout Humboldt and Del Norte Counties

Your child will not be able to participate in events associated with any unchecked item.

Print Name

Signature of Legal Guardian or Representative

Signed this _____ day of _____, 20_____.



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Ts' Denoni Groups and Classes Permission

I hereby give consent for _____ to participate in Ts' Denoni/Social Services groups and classes. Please note that all groups/classes will have a flier with the Ts' Denoni logo/Social Services logo posted on the Youth Facebook Page. If there is a particular group/class that you do not want your young member to attend, please let Social Services know verbally and in writing.

Print Name

Signature of Legal Guardian or Representative

Signed this _____ day of _____, 20____.



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Ts' Denoni Youth Summer Programming Consent

I hereby give consent for _____ to participate in Ts' Denoni Youth Summer Programming.

_____ I HEREBY GIVE PERMISSION FOR MY CHILD TO PARTICIPATE IN THE TS'DENONI SUMMER PROGRAM.

_____ I FULLY UNDERSTAND THAT THE SUMMER PROGRAM ACTIVITIES ARE VOLUNTARY. I MAY REVOKE OR MODIFY THIS AUTHORIZATION AT ANY TIME BY NOTIFYING SOCIAL SERVICES IN WRITING.

_____ I UNDERSTAND THAT MY CHILD MAY BE TRANSPORTED BY BEAR RIVER STAFF DURING HIS/HER PARTICIPATION IN A TS' DENONI SUMMER PROGRAM, ACTIVITY OR EVENT.

_____ I HAVE REVIEWED THE CODE OF CONDUCT WITH MY CHILD AND AGREE TO THE BEHAVIOR GUIDELINES OUTLINED FOR ALL SUMMER PROGRAM PARTICIPANTS.

SIGNATURE OF PARENT/GUARDIAN

DATE



Ts' Denoni Youth Program General Waiver and Consent

I have read, understand, and voluntarily sign this waiver. I further agree that no oral representations, statements or inducements apart from the foregoing waiver have been made.

By signing below, I have agreed to all of the waiver's terms, including those terms calling for a separate initial, regardless of whether I have initialed where requested or indicated above. I understand if I wish to rescind or amend the content of this waiver at any time, I must notify the program in writing.

Date Signature of Legal Guardian Relationship of Participating Child

Name of Child in Program Date of Birth