



PATHKEEPERS *for* INDIGENOUS KNOWLEDGE

P.O. Box 463

Culpeper, Virginia 22701

(202) 957-2696 ph.

[www.pathkeepers.org](http://www.pathkeepers.org)

[info@pathkeepers.org](mailto:info@pathkeepers.org)

## **WELCOME TO PATHKEEPERS** **8<sup>TH</sup> ANNUAL NATIVE YOUTH LEADERSHIP CAMP!**

Dear Campers, Parents and Guardians:

Pathkeepers 8<sup>th</sup> Annual Native Youth Leadership Camp will be offered as a “Virtual Camp” for the already scheduled dates of Monday, July 20, 2020, to Friday, July 24, 2020 due to the coronavirus. After lengthy deliberation, Pathkeepers Board members and staff agreed that we want to honor those who have lost their lives and those who continue to serve on the front lines of fighting this virus by offering Camp in way that captures this important moment in time and that meets health and safety recommendations.

Our Virtual Camp will offer a safe space for campers to express how you, your families, and your communities have been impacted by the coronavirus. We want to use this Virtual Camp as a place of healing, reflection, and creative expression. This year’s Camp will also focus on how we can use traditional knowledge, resources, and foods to heal and focus on the uniqueness and beauty of our lives as Native people during these very difficult times.

The coronavirus has exposed how vulnerable Indian Country is to a pandemic because many of our communities do not have access to proper healthcare and food resources. The coronavirus has caused significant strain on our young people, our elders and communities, and some of our members have passed on due to the virus. Social distancing has stopped our ability to share resources and visit extended families, and many ceremonies, powwows, and cultural events have been canceled.

The Camp will be held as a Virtual Camp using an online platform, the “Zoom” Application. All Campers must be between the ages of 11-17. There is no cost to attend the Camp. All donations are eligible for tax-deduction on your income taxes.

CHECKLIST: Included in your child’s application packet you will find the following forms, which must be mailed or emailed to Pathkeepers by **May 15, 2020**. All forms are required, except Campers have the option to submit letter(s) of recommendation from tribal leaders, teachers, elders, etc. If you email your application, you may pay the application fee by using Paypal ([www.pathkeepers.org/donate](http://www.pathkeepers.org/donate)) or mailing the check separately.

- Camp Application
- Emergency Contact and Medical Information
- Camper Essay Question
- Tribal Enrollment or Native Descendancy Form
- Release Form for Photos, Voice Recordings, and Video Images
- Release of Liability and Equine Waiver Form
- Camp Policies and Procedures Form
- Camp Application Fee, \$10.00/youth (check/money order to “Pathkeepers for Indigenous Knowledge”)
- Letter(s) of Recommendation from tribal leaders, teachers, elders, etc. (optional)

**ALL APPLICATIONS MUST BE COMPLETE TO BE CONSIDERED.  
MAIL COMPLETED APPLICATION, RELEASE FORMS, AND APPLICATION FEE  
BY MAY 15, 2020, TO:**

Pathkeepers for Indigenous Knowledge  
P.O. Box 463  
Culpeper, VA 22701

You may also email application to [info@pathkeepers.org](mailto:info@pathkeepers.org).  
For more information, contact Pathkeepers at (202) 957-2696, or  
[info@pathkeepers.org](mailto:info@pathkeepers.org), or go to our website, [www.pathkeepers.org](http://www.pathkeepers.org).  
**THIS IS A DRUG, ALCOHOL AND CIGARETTE FREE EVENT.**

**ADDITIONAL CAMP INFORMATION**

**THINGS TO BRING TO CAMP VIRTUAL CLASSES:**

- Supplies from Pathkeepers Virtual Camp Package
- Computer, Cell phone, or iPad equipped with the “Zoom” application
- Any other relevant supplies Campers want to bring

**THINGS *NOT* TO BRING TO CAMP VIRTUAL CLASSES:**

Food of any kind of any kind	Weapons	Pocketknives Cell phone (unless used with Zoom app)	Short shorts Tobacco & Alcohol Products
Electronics		Jewelry/Valuables	
Video games			

*Pathkeepers for Indigenous Knowledge is not responsible for loss or destruction  
of expensive or personal items.*

**NONDISCRIMINATION POLICY:**

Pathkeepers does not discriminate on the basis of race, color, national and ethnic origin, in administration of its educational policies, admissions policies, and athletic and other Pathkeepers administered programs. Pathkeepers' camps and educational programs provide Indian students of any race, color, national and ethnic origin all rights, privileges, programs and activities generally accorded or made available to students in the Pathkeepers' camps and programs.

**ADMISSIONS PROCESS:**

We base admission to the Camp on a number of factors, including but not limited to, demonstrated interest in traditional and cultural knowledge, assessment of campers' motivation, educational and career aspirations, the order in which we receive applications, and letters of recommendation (if included).

Thank you.  
Pathkeepers for Indigenous Knowledge

**PATHKEEPERS 8<sup>TH</sup> ANNUAL NATIVE YOUTH LEADERSHIP CAMP (2020)  
APPLICATION**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  Male  Female

Preferred Name: \_\_\_\_\_ Tribe(s): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Street Address: (  same as child) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number(s): H \_\_\_\_\_ W \_\_\_\_\_ C \_\_\_\_\_

Email: \_\_\_\_\_

Person to Notify if Parent(s)/Guardian(s) cannot be reached:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Camp Fee \$10.00/Youth Must Accompany Application      Check \_\_\_\_\_ Money Order \_\_\_\_\_

Additional Person(s) authorized to pick up child and their relation to child:

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Name	Relation	Name	Relation
T-Shirt Size (circle one):	Small    Medium	Large    XL    XXL    XXXL	
Will your Child be bringing a Cell Phone to Camp? _____ If so, what is brand? _____			
Will you or your tribe be making a donation to Pathkeepers? _____			
If so, what is the amount? _____			

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Administrative Use Only:

\_\_\_ App Compl    \_\_\_ Fee Received    \_\_\_ Accepted    \_\_\_ Wait List    \_\_\_ Contrib    \_\_\_ Letter    \_\_\_ Ph.

**EMERGENCY CONTACT AND MEDICAL INFORMATION (2020)**

_____ Child's Name		_____ Date of Birth		M or F Gender
_____ Mother's/Guardian's Name		_____ Father's/Guardian's Name		
( ) _____ Home Phone	( ) _____ Work Phone	( ) _____ Home Phone	( ) _____ Work Phone	
_____ Address		_____ Address		
_____ City, State, ZIP Code, Email		_____ City, State, ZIP Code, Email		

**Alternative Emergency Contacts**

_____ Primary Alternate Emergency Contact		_____ Secondary Alternate Emergency Contact		
( ) _____ Home Phone	( ) _____ Work Phone	( ) _____ Home Phone	( ) _____ Work Phone	
_____ Address		_____ Address		
_____ City, State, ZIP Code, Email		_____ City, State, ZIP Code, Email		

**Medical Information**

_____ Physician's Name		_____ Phone Number
_____ Insurance Company and Phone Number		_____ Policy Number

Allergies/Special Health Considerations/Date of last tetanus injection

***Check here if your child has particular medical concerns and describe these in detail on a separate sheet of paper and sign and date that paper as well, and include your child's name on that paper.***

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that parent/guardian cannot be reached in the case of an emergency.

I release Pathkeepers for Indigenous Knowledge and individuals from liability in case of accident or injury during activities related to Pathkeepers Native Youth Leadership Camp.

_____ Parent's/Guardian's Signature	_____ Date
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**TRIBAL ENROLLMENT OR NATIVE DESCENDANCY FORM (2020)**

To attend the Pathkeepers Native Youth Leadership Camp, a youth camper must be enrolled in their tribe or a descendant of an American Indian tribe. Enrollment will be determined by including your child’s enrollment number, copy of CDIB card, and/or copy of child’s enrollment letter. Descendancy will be determined by including parents or guardians' enrollment certification, birth records, Title VI Ed 506 Indian Student Eligibility Certification Form, or other tribal documentation.

Please attach appropriate documentation to demonstrate which category your child is applying. If you have any trouble with providing documentation, call Pathkeepers at 202-957-2696, to discuss possible alternate options.

Please indicate which category your child is applying under:

\_\_\_\_\_ (1) enrolled member of a federal or state recognized tribe,  
- state tribe(s)/enrollment number: \_\_\_\_\_; OR

\_\_\_\_\_ (2) descendant of an enrolled member of a federal or state recognized tribe,  
- state tribe(s): \_\_\_\_\_, and  
- state which child’s relative is enrolled, for example, “mother,” “father,”  
“grandmother,” “grandfather”: \_\_\_\_\_; OR

\_\_\_\_\_ (3) descendant of any American Indian who was subject to governmentally sanctioned policies treating American Indians differently than others based on their status as American Indians,  
- state tribe(s): \_\_\_\_\_), and  
- state which child’s relative is enrolled: \_\_\_\_\_.

I certify that my child meets the Pathkeepers Native Youth Leadership Camp tribal enrollment and descendancy requirements.

Print Name of Child/Camper: \_\_\_\_\_

Print Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian and Relationship: \_\_\_\_\_

Date: \_\_\_\_\_

**RELEASE FORM FOR PHOTOS, VOICE RECORDINGS,  
AND VIDEO IMAGES (2020)**

I hereby give the Pathkeepers for Indigenous Knowledge and its sponsors, affiliates and agents the absolute right and permission to copyright, publish, televise, and use photographs, or audio recordings, or video tapes of me and my child, in which I and/or my child may be included. Said images or recordings may be included within or utilized as illustrations, advertisements or publications, either in printed form, on television, or in digital format. I hereby certify and covenant that I am of legal age. (A parent or legal guardian must sign for a minor.)

Print Name of Child/Camper: \_\_\_\_\_

Print Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian and  
Relationship: \_\_\_\_\_

Date: \_\_\_\_\_

**RELEASE OF LIABILITY AND EQUINE WAIVER FORM (2020)**

1. I hereby expressly waive any claim of liability against Pathkeepers for Indigenous Knowledge (“Pathkeepers”) including its employees and representatives, and release them from all liability in connection with Camp program and activities, including field trips.
2. I agree that I am voluntarily engaging in an Equine Activity, which includes but is not limited to, any and all Equine Activities (such as horse sports, competitions, trail riding, pleasure riding, visiting equine facilities, attending horse-related clinics or workshops, camps, lessons, and daily activities related to care and grooming, etc.).
3. I acknowledge that ANY kind of Equine Activity involves INTRINSIC DANGERS which means those dangers or conditions that are an integral part of equine activities, including but not limited to: (a) the propensity of equines to behave in ways that may result in injury, harm, or death to persons on or around them; (b) the unpredictability of an equine’s reaction to such things as sounds, sudden movement, and unfamiliar objects, persons, or other animals; (c) certain hazards such as surface and subsurface conditions; (d) collisions with other animals or objects; (e) the potential of a participant acting in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the equine or not acting within the participant’s ability; and (f) the possibility of equipment breakage -- any and all of which may result in serious injury or death to myself and/or others, to my child/ward, horse, or to property.
4. Therefore, in consideration for being permitted to participate in this Equine Activity, I EXPRESSLY WAIVE ANY RIGHT TO SUE AND ASSUME ANY AND ALL RISK OF INJURY OR LOSS RESULTING FROM THE INTRINSIC DANGERS OF EQUINE ACTIVITIES to my persons, including any person in attendance with me, animals, property, and agree to indemnify and hold harmless Pathkeepers, owners, family members, officials, employees, or any and all associated with Pathkeepers from and against any and all claims, demands, causes of action and liability of any nature which arises from connection with the Pathkeepers, owners, agents, event(s), et. al., including claims resulting directly or indirectly from alleged negligent acts or omissions of the Pathkeepers, owners, family members, employees, officials or anyone associated with Pathkeepers or event(s).
5. The Camper’s Parent or Guardian is responsible for the actions of any guest(s) he or she may bring on the premises.
6. Pathkeepers is not responsible for lost, stolen, or damaged property belonging to the Camper, Parent or Guardian, nor any injury, illness, or death to the Camper, Parent or Guardian during the Camp.
7. This waiver is binding upon myself, my spouse, legal representatives, heirs, executors and assigns. This agreement is subject to the laws of the Commonwealth of Virginia and the Virginia Equine Activity Liability Act, §§ 3.1-796.130-133.

Print Name of Child/Camper: \_\_\_\_\_

\_\_\_\_\_  
CAMPER’S PARENT/LEGAL GUARDIAN  
(print and sign name)

\_\_\_\_\_  
DATE



**CAMP POLICIES AND PROCEDURES FORM (2020)**

I agree that my child will abide by the policies and procedures set forth by the Pathkeepers for Indigenous Knowledge Leadership Camp while attending camp and participating in camp activities. I assume full responsibility for any damage to person(s) or property caused by my child.

I hereby give the Pathkeepers for Indigenous Knowledge Leadership Camp Staff permission to seek medical attention for my child in the event that my contact persons or I cannot be reached, and Pathkeepers for Indigenous Knowledge staff determine that the medical treatment is absolutely necessary. I agree that the payment of such bills will be my sole responsibility.

I have read and understand the policies of Pathkeepers for Indigenous Knowledge Native Youth Leadership Camp and in signing this form, agree to said policies.

Print Name of Child/Camper: \_\_\_\_\_

Print Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian and  
Relationship: \_\_\_\_\_

Date: \_\_\_\_\_