



The Nez Perce Tribe  
Environmental Restoration & Waste Management

# 25<sup>th</sup> Annual Math and Science Camp July 18-29, 2022

for students entering 8<sup>th</sup> and 9<sup>th</sup> grade

**Solo Greene – PACE Camp Coordinator**  
Nez Perce Tribe/ERWM \* P.O. Box 365 \* 109 Lolo St \* Lapwai, Idaho 83540  
Email: [solog@nezperce.org](mailto:solog@nezperce.org) \* Work (208) 621-3749 \* Mobile: 208.305.3273

Please complete following application and forms and return to Solo Greene by July 8<sup>th</sup>, 2022.

## APPLICATION FORM

NAME \_\_\_\_\_

SEX \_\_\_\_\_ AGE \_\_\_\_\_ SCHOOL \_\_\_\_\_

TRIBAL AFFILIATION \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ (Needed for payroll and access on DOE properties)

MAIL ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ MOBILE PHONE \_\_\_\_\_

PARENT(S)/LEGAL GUARDIAN(S) \_\_\_\_\_

Name	Work Phone
Name	Work Phone

**PARENT TRAVEL INFORMATION (If applicable)**  
If you are planning to travel during the camp dates, please leave us your tentative itinerary and telephone numbers where you may be reached in case of an emergency. We deeply appreciate your cooperation!

Date(s)	Destination	Phone or cell number

## MEDIA RELEASE CONSENT FORM

As a legal guardian, I \_\_\_\_\_, hereby grant permission for PACE to utilize photos, audio/video recordings of applicant for archival, news releases and future promotional purposes.

Student name: \_\_\_\_\_

School \_\_\_\_\_ Last Grade completed \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature Date

## ACTIVITY PARTICIPATION CONSENT FORM

As legal guardian, I \_\_\_\_\_, hereby give permission for \_\_\_\_\_ to participate in all activities (unless otherwise stated below) sponsored by PACE Camp. He/She has my permission to participate in the following extra-curricular activities:

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SWIMMING	YES	NO
BOATING (including whitewater rafting)	YES	NO

Please specify activities you do not wish your child to participate in): \_\_\_\_\_

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Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## HEALTH INFORMATION FORM

Please list all physical or health-related information concerning the student's fitness. The information will not disqualify the student from participating in the PACE Camp, but will allow our safety officer basic information about the student, should the need arise in an emergency.

**Include all allergies and known physical ailments and disabilities.**

Allergic to bee Stings \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, how severe is allergic reaction? \_\_\_\_\_

Ailment or allergy (list below)	Medication
_____	_____
_____	_____

### DENTAL/MEDICAL APPOINTMENTS (During PACE Camp)

<input type="checkbox"/> Medical	<input type="checkbox"/> Dental	_____	_____
		Date	Time
<input type="checkbox"/> Medical	<input type="checkbox"/> Dental	_____	_____
		Date	Time

### In case of emergency, please contact:

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Name \_\_\_\_\_ Telephone \_\_\_\_\_

Insurance: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone \_\_\_\_\_

Preferred medical facility: \_\_\_\_\_

I understand that the Nez Perce Tribe and Lapwai School District are not responsible for any injury or damage that may be sustained by said student of his/her participation in PACE camp activities. I also understand that my child may be transported to a medical facility and given medical attention should the need arise. I realized that I am responsible

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Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**TRANSPORTATION**

Transportation will be provided to the off-campus activities.

**CAMP REQUIREMENTS**

1. The following completed forms with all required signatures must be turned in by July 8<sup>th</sup>, 2022.
  - APPLICATION
  - PARENT CONTACT INFORMATION FORM
  - ACTIVITY PARTICIPATION CONSENT FORM
  - MEDIA RELEASE CONSENT FORM
  - HEALTH INFORMATION FORM
  - CONDUCT CODE
2. Students/parents are responsible to provide suitable/appropriate clothing for day camp activities.

**CONDUCT CODE**

I pledge that at all times:

- I will commit myself to a healthy lifestyle and refrain from drug, alcohol, and tobacco use and possession;
- I will resolve conflicts and express difference of opinion respectfully and peacefully without use of weapons or physical, verbal or emotional violence; possession of any and all weapons (Including pocket knives) and fireworks is strongly prohibited;
- I will respect all others and their property, and the property of the Nez Perce Tribe and;
- I will refrain from the use of lewd, profane, or obscene language and signs and boisterous conduct;
- I will ride only in PACE vehicles and stay within the boundaries of PACE activity sites (unless other arrangements have been approved by Camp coordinator, or when accompanied by an authorized staff);
- I will respect the opposite sex’s personal space and refrain from public displays of affection;
- I will only use cell phones and mobile devices for emergencies or when authorized by teachers, presenters or PACE Coordinator. I also understand that earphones are to only be used during breaks and travel time;
- I will attend all meetings and activities on time, be attentive and courteous listener, and fully cooperate with guest speakers, instructors and counselors;
- I will represent my family, community, school, and my tribe with dignity and pride;
- I will **always** accompany and be accompanied by a friend; I will take care of him/her as well as use caution and good judgment;
- I will observe schedule times and conduct requirements.
- I realize that I must comply with the conduct code during all PACE activities, that breaking that code may result in my immediate suspension from PACE, and that I and my parents are responsible for any damage.

PLEASE TELL US WHY YOU ARE INTERESTED IN ATTENDING THE PACE CAMP.

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\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent /Guardian Signature

\_\_\_\_\_  
Date