



# DIVISION OF YOUTH SERVICES

DEPARTMENT OF COMMUNITY & CULTURAL AFFAIRS  
COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS



## 2023 Summer Youth Empowerment Camp

For inquiries, please call DYS – Family and Youth Enhancement Program: (670) 237-1015/1017/1018 or (670) 664-2599 or Carolinian Affairs Office (670) 234-6385; stop by the Kagman Community Center, Tanapag Youth Center or Carolinian Affairs Office (Garapan): Monday – Friday, 7:30AM – 4:30PM (except holidays).

**Completed Registration Forms with required documents are due on or before Friday, June 30, 2023 at 4:30PM** and submitted to the Division of Youth Services – Family and Youth Enhancement Program at Kagman Community Center, Tanapag Youth Center or to the Carolinian Affairs Office (Garapan).

**Completed Registration Forms and inquiries can be e-mailed to:** Jennifer Tanaka at [jtanaka@dys.gov.mp](mailto:jtanaka@dys.gov.mp) or Anna Rangamar at [arangamar@dys.gov.mp](mailto:arangamar@dys.gov.mp)

### DROP OFF AND PICK UP TIMES FOR BOTH SESSIONS:

| Dates:  | Drop off time and place:   | Pick up time and place:   |
|---|--|---|
| <ul style="list-style-type: none"> <li>July 10 – July 21, 2023<br/>(Children 5-12 years old)</li> </ul> | <ul style="list-style-type: none"> <li>12:30PM – 1:00PM<br/>Carolinian Utt, Garapan</li> </ul> | <ul style="list-style-type: none"> <li>4:30PM – 5:00PM<br/>Carolinian Utt, Garapan</li> </ul> |
| <ul style="list-style-type: none"> <li>July 24 – July 28, 2023<br/>(Youth 13-17 years old)</li> </ul>   | <ul style="list-style-type: none"> <li>12:30PM – 1:00PM<br/>Kagman Community Center</li> </ul> | <ul style="list-style-type: none"> <li>4:30PM – 5:00PM<br/>Kagman Community Center</li> </ul> |

\*\*\* Parents/Guardians will be contacted if your child(ren) are not picked-up on time **REQUIRED**

### ATTIRE/FOOTWEAR:

As most of Camp activities will be outdoors, all participants are required to wear hats, comfortable clothes and closed-toe shoes to prevent any injury. Those without proper foot wear will not engage in any sports activities.

### FOOD AND WATER:

Lunch will be provided by the CNMI Public School System Summer Food Service Program.

Water will be provided throughout camp hours. We encourage everyone to bring their own bottles to fill up during the camp hours.

### DROP OFF & PICK UP PROCEDURE:

Parents/Guardians must sign-in their children before program starts and when it is finished.

*We look forward to meeting your child(ren) and making awesome memories that would last lifetime!!!*



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## 2023 Summer Youth Empowerment Camp REGISTRATION FORM

### REQUIRED DOCUMENTS:

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| Completed Registration Form  |
| Copy of child(ren) Health Insurance (Moylan's, Traders, Medicaid, Aetna, or other) |
| Copy of child(ren) valid ID (Birth Certificate, School ID, Passport, or other)     |

Received by:

\_\_\_\_\_  
\_\_\_\_/\_\_\_\_/2023. Time: \_\_\_\_\_

**NOTE: Incomplete Registration Forms will not be accepted.**

**Indicate which camp you would like your child (ren) to participate in:**

**July 10 – 21, 2023**  
**For children ages 5 – 12y.o.**  
 Carolinian Utt, Garapan  
 Monday – Friday (12:30PM – 4:30PM)

**July 24 - 28, 2023**  
**For youth ages 13 – 17y.o.**  
 Kagman Community Center  
 Monday – Friday (12:30PM – 4:30PM)

Please fill out **ALL** sections regarding the Participant(s):

| Last Name                | First Name | Gender (M/F)            | Age | Citizen-ship      | Ethnicity | Village |
|--------------------------|------------|-------------------------|-----|-------------------|-----------|---------|
|                          |            |                         |     |                   |           |         |
|                          |            |                         |     |                   |           |         |
|                          |            |                         |     |                   |           |         |
|                          |            |                         |     |                   |           |         |
| Parent/ Legal Guardian 1 |            | Parent/ Legal Guardia 2 |     | Emergency Contact |           |         |
| Print Name               |            |                         |     |                   |           |         |
| Relationship             |            |                         |     |                   |           |         |
| Cellphone number         |            |                         |     |                   |           |         |
| Home/Work phone          |            |                         |     |                   |           |         |
| Other                    |            |                         |     |                   |           |         |

### Household Annual Income

- \$0 - \$10,000     
  \$25,000 - \$40,001     
  \$55,001 and above  
 \$10,001 - \$25,000     
  \$40,001 - \$55,000

Primary Language: \_\_\_\_\_ Secondary Language: \_\_\_\_\_

**Accommodation:**

Does your child(ren) need any special help? (Ex: "Joseph gets distracted quickly, needs a buddy system to keep him focused.")

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**Allergy:** ( 1 ) Food:

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( 2 ) Medicine:

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**Does your child(ren) need medical care or under any medication(s)?**  Yes  No

If yes, please indicate what staff/volunteers needs to be aware of to better serve your child(ren).  
(Ex: "My son Johnny has asthma and needs to use his inhaler every 3 hours.")

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Family Health Care: Physician's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

## PARENTAL CONSENT

I, \_\_\_\_\_, parent/legal guardian of \_\_\_\_\_, hereby give permission for my child(ren) to participate in the 2023 Summer Youth Empowerment Camp coordinated by DCCA-Division of Youth Services.

## WAIVER OF LIABILITY

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_, a participant at the DCCA-Division of Youth Services 2023 Summer Youth Empowerment Camp, do hereby assume all the foregoing risks and accept personal responsibility for any damages or injuries which may arise from my child participating in the DCCA-Division of Youth Services 2023 Summer Youth Empowerment Camp. I discharge ALL claims, demands, causes of actions, suits or judgments against the Department of Community and Cultural Affairs, Division of Youth Services, it's Administrators, Directors, Agents, Coordinators, staff, trainees, volunteers and other partner agencies and organizations involved in the coordination and implementation of program(s).

## MEDIA RELEASE

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_, do hereby give consent and authorize employees, volunteers and/or partner agencies of the DCCA-Division of Youth Services to take video images, photographs, audio recordings, or any other visual or audio reproduction of my child indicated above while participating in activities sponsored by DCCA-Division of Youth Services to be used, distributed, or shown as DCCA-Division of Youth Services sees fit. Such distribution may include, but not limited to DCCA-Division of Youth Services media publications such as newspaper or magazine articles, news reports, agency brochures, websites, grant reporting, and etc.

## EMERGENCY MEDICAL AUTHORIZATION

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_, do authorize DCCA-Division of Youth Services, in the event that I cannot be contacted or if any urgency dictates, to act *in loco parentis* for the Child in respect of any circumstances, including any accident or illness, which may necessitate medical treatment, including surgery, and on my behalf to authorize any such treatment or surgery which they, in their sole discretion, (which discretion shall not be unreasonably exercised), may deem necessary. Medical treatment for the Child may also include dental surgery, x-ray, blood transfusion, anesthetic and medication provided any such medical treatment is performed by a duly licensed practitioner. I hereby accept full liability for all costs incurred through such medical treatment for my child.

**I acknowledge that I have read and fully understood the contents of the Consent, Waiver of Liability, Media Release and Emergency Medical Authorization forms. By affixing my signature below, I agree to the terms and conditions stated above. I also understand that my child is bound to abide to the RULES and REGULATIONS set forth by the program.**

Parent or Guardian Name: \_\_\_\_\_  
(Print Name)

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### ***For Office Use Only***

Enrollment Date and Time: \_\_\_\_\_ DYS-FYEP Staff's Initials: \_\_\_\_\_

Date Withdrew: \_\_\_\_\_ Reason: \_\_\_\_\_