



Registration Requirement Checklist

July 9-14, 2023

Registration Close Date: June 30, 2023

The following must be submitted to have a completed registration and to be considered for the NDIYLA Summer Program. There are no fees or cost for this summer leadership program.

- Completed Registration Form with signatures by applicant AND parent/guardian
- One letter of recommendation (*from someone who knows you but is not a relative*).

The North Dakota Indian Youth Leadership Academy (NDIYLA) will be held at Bismarck State College (BSC). All participants are responsible for their own transportation to and from Bismarck, ND for the Youth Leadership Academy. **NDIYLA will begin at 6:00 PM. on Sunday, July 09, 2023, and end at 12pm (noon) on Friday, July 14, 2023.**

Eligibility: Native American students in ND tribal, BIE or public schools going into 9th, 10th, 11th, and 12th into the upcoming School Year (2023-2024) and 2023 graduate of 12th grade.

Important: Parents/Guardian:

- **NDIYLA's Student Check-In to the dorms is Sunday, July 09, 2022, between 1:00 p.m. – 5:00 p.m. We will be transporting off campus for an evening activity at 6:00pm.**
- **NDIYLA's Graduation Reception is held on Friday, July 14, 2023, from 9:00 a.m.-12:00 p.m. at the Basin Auditorium in National Energy Center of Excellence at Bismarck State College:**
 - We encourage parents to attend the graduation reception.
 - If parent/guardians do not attend the reception, your child may be picked up immediately after the NDIYLA reception at Basin Auditorium in National Energy Center of Excellence at Bismarck State College @ 12:00 p.m.



**14th ANNUAL NORTH DAKOTA INDIAN
YOUTH LEADERSHIP ACADEMY**

2023 SUMMER ACADEMY REGISTRATION

Space is Limited to first 42 Students! Register Now!

Registration forms must be received by NDIYLA organizers **no later than Friday, June 30, 2023**, to order T-shirts.

July 9th – 14th, 2023

Student Name: _____

(First)

(Last)

Fall School Year: Grade of child: 9th _____ 10th _____ 11th _____ 12th _____ 2022 Senior Graduate _____

Age: _____ Gender: F _____ M _____ Other: _____ T -Shirt Size: _____

Tribe Affiliation: _____

ACADEMIC INFORMATION

(Name of School)

(School District)

(School Address)

(School Phone Number)

School Type: BIE _____ Public _____ Tribal _____

PARENT/GUARDIAN CONTACT INFORMATION

(First and Last Name)

(Relationship to applicant)

(PO Box or Street Address)

(City)

(State)

(Zip Code)

(Home Phone Number)

(Cell Number)



ADDITIONAL EMERGENCY CONTACT INFORMATION

(First and Last Name) _____ (Relationship to applicant) _____

(PO Box or Street Address) _____ (City) _____ (State) _____ (Zip Code) _____ (Cell Number) _____

HEALTH INSURANCE INFORMATION

Insurance Provider (i.e., Sanford, Blue Cross Blue Shield, Medicaid, etc.): _____

Insurance/Medicaid/Medicaid Expansion Policy Number: _____

Please check here if your child is not covered by any health care insurance, Medicaid, etc.: _____

HEALTH RECOMMENDATIONS AND RESTRICTIONS

Any medication to be administered at camp (specific dosages): _____

Any medically-prescribed meal plan or dietary restrictions: _____

Any allergies (food, drugs, plants, insects): _____

Any activities from which parents/guardians want child excluded: _____

Additional health information or activities to be limited: _____

ACKNOWLEDGEMENT OF INHERENT RISK / WAIVER OF RESPONSIBILITY

I ACKNOWLEDGE AND UNDERSTAND THERE ARE INHERENT RISKS ASSOCIATED WITH MANY OF THE NORTH DAKOTA INDIAN YOUTH LEADERSHIP ACADEMY’S ACTIVITIES. I WILL ASSUME THE RISK ASSOCIATED THEREWITH, WHETHER KNOWN OR UNKNOWN TO ME AT THIS TIME. I RECOGNIZE THAT MY ATTENDANCE AT THE NORTH DAKOTA INDIAN YOUTH LEADERSHIP ACADEMY IS A PRIVILEGE AND AS A CONSIDERATION FOR THIS PRIVILEGE, I RELEASE THE NORTH DAKOTA INDIAN YOUTH LEADERSHIP ACADEMY, INCLUDING ITS EMPLOYEES, AGENTS AND TRUSTEES, FROM RESPONSIBILITY FOR MY ACCIDENTAL PHYSICAL INJURY, INCLUDING DEATH OR ILLNESS, AND LOSS OF PERSONAL PROPERTY WHILE AT THE ACADEMY OR ACADEMY SPONSORED TRAVEL. THIS RELEASE IS ALSO INTENDED TO INCLUDE ALL CLAIMS MADE BY MY FAMILY, ESTATE, HEIRS, PERSONAL REPRESENTATIVE OR ASSIGNS.

Signature of Parent/Guardian on behalf of child under 18 or Student (18 or older) attending NDIYLA



PERSONAL STATEMENT

*Tell us about yourself and why you want to participate in the NDIYLA Summer Program. What qualities make a leader and how could you positively impact your community as a leader? Include specifics regarding how you are currently involved in the community, school, activities, organizations, and any volunteer work. **Please type and attach or print using this one page only (minimum of 250 words and a maximum of 500 words)***



SIGNATURES

I certify that all information provided is true and correct to the best of my knowledge. I understand the NDIYLA Program will use this information solely for the purpose of determining participant eligibility.

Parental/Guardian Signature required

By signing, below, I certify that I am the person responsible for this applicant.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____

Relationship to Applicant: _____ Date: _____

Application Submission Options:

Return via Mail: Native Community Development, Inc. (dba NATIVE, Inc.)
C/O NDIYLA Program
2403 East Thayer Avenue
Bismarck ND, 58501

Fax to: Fax #: (701) 751-0256
Attn: Mersades Perry
Re: NDIYLA

Email to: Sadie@ndnadc.org

For additional information or registration:

Call Mersades Perry (Marketing Specialist) at (701) 877-1032 or email Sadie@ndnadc.org



**CONSENT OF PHOTO/VIDEO RELEASE FOR MINOR CHILD / ADULT STUDENT
North Dakota Indian Youth Leadership Academy 2023**

Between: Native Community Development, Inc. dba NATIVE, INC.
North Dakota Indian Youth Leadership Academy
2403 East Thayer Ave Bismarck ND 58501

And: _____
Name of Minor Student / Name of 18+ year old student

Street address

City, State, Zip code

I hereby assign to Native Community Development, Inc. (NATIVE, Inc.) all the interest of my minor student (or myself as an 18+ year old student), including the right to copyright, in any video or photos of my minor child, with NATIVE, Inc. recorded or had recorded by another for its use. I hereby give consent on behalf of my minor child (or myself as an 18+ year old student), to NATIVE, Inc. to use my child's name, portrait, picture (motion or still) for any lawful purpose whatsoever (or myself as an 18+ year old student).

I agree to release NATIVE, Inc. including any authorized agents of NATIVE, Inc. from harm from any liability resulting from the production of, or any alteration or distortion whether intentional or not, in any likeness of my minor child (or myself as an 18+ year old student).

I waive any right to inspect the finished product, whether in video, film or audio as well as any advertising material, printed, videotaped or filmed that may be used in conjunction with NATIVE, Inc. use of my minor child's likeness (or myself as an 18+ year old student).

I state that I am at least eighteen years of age and competent to execute this document on my minor child's (or myself as an 18+ year old student) behalf described below. I agree that I will not hold NATIVE, Inc. responsible for consequences due to any false statements I may have made in connection with executing this document. By signing this document, I declare that my consent is granted freely and without obligation, expressed or implied, for payment or any other consideration from NATIVE, Inc.

I hereby certify that I am the parent or legal guardian of the minor child described below and, as such, I am entitled to give the consent described in this document to NATIVE, Inc. on behalf of the minor child described below. Being the parent or legal guardian of the minor child described below, I hereby consent to and agree to be bound by the above terms of this consent (or myself as an 18+ year old student).

Print full name of parent/guardian or 18+ yr. old student

Signature of parent/guardian or 18+ yr. old student

Date