



DIVISION OF YOUTH SERVICES

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



2025 Cultural Immersion Summer Youth Camp REGISTRATION FORM

REQUIRED DOCUMENTS:

Completed Registration Form
Copy of child(ren) Health Insurance (One of the following: Medicaid/ Moylan's/Traders/Aetna/Other)
Copy of child(ren) valid ID (One of the following: Birth Certificate/School ID/Passport, Mayor's ID)

Received by:

_____/_____/2025 Time:_____

NOTE: Incomplete Registration Forms (without required documents) will not be accepted.

Kindly select a session you wish your child(ren) to participate in:

☐ Session 1

July 07 – July 18, 2025

Mon – Fri (8:00 a.m. – 1:00 p.m.)

Carolinian Affairs Office Ground

☐ Session 2

July 21 – August 01, 2025

Mon – Fri (8:00 a.m. – 1:00 p.m.)

Carolinian Affairs Office Ground

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

Last Name	First Name	Gender (M/F)	Age	Citizenship	Ethnicity	Village of Residence

	Parent/ Legal Guardian 1	Parent/ Legal Guardian 2	Emergency Contact
Print Name			
Relationship			
Cellphone number			
Home/Work phone			
Email Address			

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:** _____

SPECIAL ACCOMMODATION:

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

2) **Does your child(ren) have any Allergy:** (Ex: "Maria is allergic to seafood" or "Ken is allergic to Penicillin")

3) **Does your child(ren) need medical care or under any medication(s)?** ☐ Yes ☐ No
If yes, please indicate what staff/volunteers need 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.")

4) **Other information we need to know about child(ren):**

Family Health Care Clinic/Center: _____

Physician's Name: _____ **Phone #:** _____

PARENTAL CONSENT

I, _____, parent/legal guardian of _____,
hereby give permission for my child(ren) to participate in the 2025 Cultural Immersion Summer Youth
Camp coordinated by DCCA-Division of Youth Services and its partnering agencies.

WAIVER OF LIABILITY

I, _____, parent/guardian of _____, a participant of the 2025 Cultural Immersion Summer Youth 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 2025 Cultural Immersion Summer Youth 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/Guardian Name: _____
(Print Name)

Parent/Guardian Signature: _____ Date: _____

For DYS Use Only

Enrollment Date & Time: _____ DYS-FYEP Staff's Name: _____

Date Withdrew: _____ Reason: _____



- Sailing Registration Form -

Location (e. g. Village, venue): _____ **Ethnicity (check all that apply):**

___ Carolinian ___ Chamorro ___ Hawaiian ___ Native American ___ Other (_____)

Name: _____ **Email:** _____

Phone number: _____ **If registering for a family, please provide all the names**

below and indicate which (if any) are minors: _____

Emergency Contact

Name: _____

Relationship: _____

Contact phone number: _____

How did you hear about this program? _____

WAIVER OF LIABILITY

Please read and acknowledge with your signature:

I, myself (18 or over) and minor(s) listed above hereby expressly agree to hold harmless and release 500 Sails, their employees, instructors, officers, volunteers, and agents from any injury, death, or other damage to myself or my family members, that may occur as a result of participation in sailing, swimming, and/or other 500 Sails programs or activities. I am also made aware that being involved in program activities may pose a risk for contracting COVID-19, due to the close proximity to others (w/in 6'). I hereby agree to abide by the rules and instructions from the Magas, staff, instructors, and volunteers and adhere to recommended safety and health guidelines. I agree to not participate if I am experiencing any symptoms (cough, fever, anosmia, etc.) of illness. I also agree to not participate in any or all activities, if I am under the influence of alcohol or other mind- altering drug that could potentially endanger the lives of those around me, including myself. I consent to the publication of photographs and/or videos of myself and/or others I have listed in this waiver form who is/are/am participating in 500 Sails programs.

I ACKNOWLEDGE THE RISKS ASSOCIATED WITH SWIMMING, SAILING, FISHING AND CULTURAL ARTS. IT IS MY EXPRESSED INTENT, BY THIS INSTRUMENT AND MY SIGNATURE, TO EXEMPT AND RELEASE 500 SAILS AND ALL RELATED VENUES FROM ALL LIABILITY AND RESPONSIBILITY WHATSOEVER FOR ANY PERSONAL INJURY, PROPERTY DAMAGE, OR WRONGFUL DEATH, HOWEVER CAUSED, WHETHER BY MY NEGLIGENCE OR THE NEGLIGENCE OF 500 SAILS OR VENUES USED AND THEIR AGENTS OR EMPLOYEES.

SIGNATURE: _____ **(adult/guardian if under 18)** **DATE:** _____