

GONA (Gathering of Native Americans) 2013 THIS IS A DRUG, ALCOHOL, AND TOBACCO FREE EVENT! Youth Registration Packet

United Indian Health Services, Inc. (UIHS)'s K'ol ho koom'mo program and the Yurok Tribe's Circles of Care program is proud to announce a GONA (Gathering of Native Americans) event to be held at Humboldt State University in Arcata, CA. Participants will be attending this event from Monday night, July 30th to Friday afternoon, August 2nd.

The GONA event is focused on increasing the strengths of youth, healing the past and building the future. Over the last 18 years, thousands of GONAs have been held all over North America. Hundreds of thousands of folks have experienced the GONA with their family, tribe, or community. This particular GONA is focused on youth, their families, and community members. Through the four components of Belonging, Mastery, Interdependence and Generosity we start to examine how to be an active participant in our own life and community wellness.

All American Indian youth ages 12-17 are eligible to participate. Registration is based on a first-come first served basis with a priority for youth who live in the Humboldt County area.

If you have any questions or need more information,

please contact Angela Barnoskie at UIHS's Potawot Health Village at 707-825-4094 or e-mail at Frances.Barnoskie@crihb.org . Please send registration packet to UIHS' Potawot Health Village, 1600 Weeot way, Arcata CA 95521, or you can drop off this completed packet at any UIHS clinic site in Humboldt or Del Norte County. Packets may also be faxed to (707) 825-5055.

Registration deadline is Monday July 15nd, 2013.



GONA (Gathering of Native Americans) 2013 Youth Registration Packet

Youth Information and Contacts

Child's Name:		
Age: Gend		
Name of Parent/Gua	ardian:	
Parent/Guardian Co	ontact Phone:	
Child's Address:		
Child's Tribal Affiliat	tion T-Shirt Size	
	Schedule	
Monday July 29 th	6pm Welcome Dinner, HSU, Goodwin Forum	
	Dorms available	
Tuesday July 30 th	9am – 5pm GONA	
	HSU Dorms, evening activities for youth	
Wed July 31 st	9am- 5pm GONA	
	HSU Dorms, evening activities for youth	
Thurs Aug 1 st	9am- 5pm GONA	
	HSU Dorms, evening activities for youth	
Friday Aug 2 nd	2pm, GONA ends	

Transportation

Limited transportation to and from the GONA event is available, for Humboldt county residents only. Transportation is on a first come first serve basis. Transportation is only available on the evening of Monday, July 29^{th} for the welcome dinner and first night of the dorms, and at the end of the last day of the event (Friday, August 2^{nd}). Youth requiring transportation will be staying on campus with other youth participants for three nights (Tuesday, Wednesday and Thursday nights).

Does your child need transportation to and from the event? YES NO





Lodging

Staying overnight in the dorms on campus will be available for youth who do not have daily transportation to the event or would like to take part in the evening recreational and cultural activities. The youth who will stay in the dorms overnight will be staying at the Redwood Hall at HSU, where the GONA event is being held. They will be supervised at all times by UIHS staff and hired chaperones.

Will your child be staying overnight at HSU for the event? YES NO

For overnighters – Bed linens, blankets, pillow, towels, and soap will be provided.

What to bring:

4 days of clothing. Please plan for varying weather conditions
Toothbrush, Deodorant, Toothpaste, Hairbrush/Comb, etc.
Bag for dirty clothes
Swimsuit

Please DO NOT Bring: IPODS, MP3 players, CD players, gameboys, cell phones or any other electronics, money or candy. UIHS will not be responsible for any items that are lost, stolen, or damaged at the event. No knives or weapons.

Meals

All youth participants will be provided with three meals per day at the HSU campus cafeteria.

Snacks will be provided at the event.

THIS IS A DRUG, ALCOHOL, AND COMMERCIAL TOBACCO FREE EVENT!



Parent/Guardian Consent for GONA

Parent/Guardian Signature:Date:
***NOTE: All medications must be provided to staff during the check-in process. Medications will be safely and properly stored and will be dispensed by staff to minor child as required.
Type of Medication Dose Amount/ Frequency Special Instructions
Medication: If your child will require medication during summer camp, please provide the following information:
Emergency Contact: If you need to contact your child due to an emergency during the event, please call: GONA Event Supervisor, Marcella Bixler at (707) 498-0458.
Early Dismissal: I understand that I will be contacted to pick up my child for any illness, fighting or behavior problems, and abuse of any substance such as drugs, alcohol or tobacco. UIHS will NOT be able to provide transportation(initial)
Photographs/Video: I understand that my child may be photographed or participate in video documentation during activities. Further, I understand that these photos and videos may be used in the development of health promotion related educational materials, and may be used in social media to promote wellness(initial)
I hereby give my minor child permission to attend the GONA event at Humboldt State University from 6pm July 29 -2pm August 2 nd , 2013. This participation will consist of a 4 - day GONA curriculum that addresses healing as a community through participation in small group team-building activities, art and cultural activities, and lessons, led by adult facilitators. My child will also participate in evening recreational and cultural activities on campus(initial)



Medical Authorization for Treatment of a Minor

I hereby authorize United Indian Health Services, Inc., as an agent for the undersigned to consent to any x-ray examination, anesthetics, medical, surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provision of the Medical Practices Act or the medical staff of any hospital whether such diagnosis or treatment is rendered at the office of said physician or at the said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent or agents to give specific consent to any and all such diagnosis, treatment or hospital care which aforementioned physician in the exercise of his/her best judgment may deem advisable.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. I hereby authorize any hospital which has provided treatment to the above named minor pursuant to the provisions of Section 25.8 of the Civil Code of California to surrender physical custody of such minor to the above named agent upon completion of treatment. This authorization is given pursuant to Section 1283 of the Health Safety code of California.

These authorizations shall remain effective through August 3, 2013 unless sooner revoked in writing and delivered to said agent.

Date:	
Phone	
	Phone



Parent/Guardian Consent for Participation in Evaluation of GONA

Why are we asking for your permission?

Your child is invited to participate in a program evaluation of the GONA because he or she will be participating in that event. His or her participation in the program evaluation is voluntary. The decision to participate or not in the program evaluation will not affect your child's involvement with the GONA program.

PURPOSE OF THE PROGRAM EVALUATION—What will be evaluated?

The program evaluation will ask youth to answer questions about their experience at the GONA and how they might help their community. Your child might also be asked to be a part of a talking circle later in the year to understand how the training might have impacted him/her.

PROCEDURES INVOLVED IN PARTICIPATING IN THE PROGRAM EVALUATION – what will your child have to do?

If you agree to let your child volunteer to participate in this program evaluation, here is what he or she will be asked to do:

- 1) Complete a brief survey will ask questions about they have learned from the training, what they think they can do with what they have learned, and questions about how the training was conducted.
- 2) Within 6-9 months, your student may be asked to participate in a talking circle with other youth participants, to understand what impact the program had on them.

POTENTIAL RISKS – what are the risks and possible problems if your child takes part in this program evaluation?

The possible risk involved may be temporary feelings of emotional discomfort related to the topic of suicide prevention. We will try to ease any discomfort by asking youth to describe what sources of strength they have that they can use to bolster their own personal wellness and to be a strong leader amongst their peers. In addition, the event facilitators are trained to help youth participants be comfortable and feel supported.

POTENTIAL BENEFITS— how will this program evaluation help your child?

Benefits to your child include increased understanding and documentation of the impact of Project GONA on youth participants and on their peers regarding what works well to help prevent suicide in American Indian youth. The findings will be used to inform other groups, community and tribal leaders, program directors, and funders on effective suicide prevention strategies and methods for working with American Indian youth and communities.

PAYMENT FOR PARTICIPATION—What will my child receive?

Your child will not receive financial payment for participating in this program evaluation.



ANONYMITY- Who will know about what my child says?

Your child's participation in this project is anonymous. No information that can identify your child as an individual will be collected in this program evaluation. The surveys that your child takes will not have your child's name on it and cannot be connected to your child in any way to anyone outside this evaluation project. If your child participates in a talking circle, his/her responses will be recorded on a form that does not have your child's name on it.

PARTICIPATION AND WITHDRAWAL— Can my child stop answering if he or she doesn't want to continue?

Your child's participation in this program evaluation is VOLUNTARY. His or her decision whether or not to participate will not affect his or her relationship with the school or any community programs. If you give permission for your child to participate, he or she is free to withdraw consent and discontinue participation at any time.

NAME OF PROGRAM EVALUATOR— Who can I talk to about the program evaluation?

If you have any questions or concerns about your child's participation in the program evaluation, please feel free to contact Terry Uyeki, Program Evaluator for Ko'l ha koom' ma (Working Together) Project, California Center for Rural Policy, Humboldt State University, 1 Harpst Street, Arcata, CA 95521. Phone: (707) 826-3404 E-mail: Terry.Uyeki@humboldt.edu

RIGHTS OF PARTICIPANTS IN THE PROGRAM EVALUATION— What are my rights as a parent/guardian and my child's rights?

You or your child may withdraw consent at any time and discontinue participation without penalty. Your child is not waiving any legal claims, rights or remedies because of his or her participation in this program evaluation. If you have questions regarding your child's rights as a participant in the program evaluation, please feel free to contact: Humboldt State University (707) 826-5487

Permission by Parent / Guardian for Child to Participate

I have read and understood what it means for my child to participate in the program evaluation. By signing this informed consent form, I give permission for my child or ward to be a part of this program evaluation. I will receive a copy of the consent form.

Printed Name of Parent/Guardian			
Signed Name of Parent/Guardian	 Date		