

# YKSD Phlight Club Camp 2019



Dear Parent/Guardian of Participant,

We are excited to once again offer Phlight Club to our youth in partnership with Brightways Learning and YKSD. Phlight Club has been a very unique opportunity for your youth in the interior. Phlight Club has helped grow the leadership and resiliency for many students over the past 12 years and is offered twice per year. This event will take place at Camp Bingle which is located on Harding Lake, an hour outside of Fairbanks, August 1-3, 2019 and open to students entering grades 7-12. Please encourage youth to apply. We are also looking for chaperones do if you are interested please email [adurny@yksd.com](mailto:adurny@yksd.com).

For YKSD students traveling into Fairbanks we can assist with the cost of travel, please fill out the travel form at the end. Depending on flight arrival times, we plan to meet at the YKSD District Office on Thursday, August 1 and depart at approximately 2:00pm on a bus to the camp. We will return to the same spot on Saturday, August 3, tentatively at 2:00pm where your student can be picked up.

Students interested in applying must complete the application by the submission deadline so that I can arrange travel for those requesting. If your child is already in Fairbanks, then we can accept late applications as well. Meals will be provided by the program, and appropriate adult co-leaders will also be in attendance. We thank you for your continued support over the years and look forward to working with your children.

Sincerely,

Your Kaleidoscope Connect Leader & Andrea Durny

## WHAT TO BRING

### Clothing

- o Changes of clothes for 3 days (including underclothes and socks)
- o Sweater
- o Swim Gear
- o Sleeping Bag/Pillow

### Miscellaneous Items

- o Medicines in original container
  - o Mosquito dope
- o Sense of Humor
- o Small amount of spending money

### Grooming Items

- o Toothbrush, toothpaste, dental floss
- o Soap (in a ziplock baggie)
- o Shampoo
- o Comb or Brush
- o Towel

### Do Not Bring These Items

- o Valuables of any kind
- o Weapons of any kind
- o Drugs, Alcohol or Tobacco
- o Electronic games

# YKSD PHLIGHT CLUB CAMP APPLICATION

**August 1-3, 2019 in Fairbanks, AK**

Youth Applicant's Name: \_\_\_\_\_ Email: \_\_\_\_\_

School: \_\_\_\_\_ Grade in fall: \_\_\_\_\_

Parent/Guardian Names & Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Parent/Guardian Work Phone: \_\_\_\_\_

The information below is needed in order for us to partner with Department of Vocational Rehabilitation (DVR) and receive reimbursement to support Phlight Club Academy costs through their Pre-employment Transition Services for students. Please fill out the information below if your child meets any of the following criteria.

Student is 14 to 21 years old and:

- Has in IEP or 504 plan
- Is **potentially eligible** for DVR services because of a physical, sensory, intellectual, mental health, or communication disability, not "identified" by the school district for special education services or related services, but whose disability could be a barrier to postsecondary education or employment

Student Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Ethnicity:  Hispanic or Latino (Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.)

Race:  American Indian or Alaska Native  Asian  African American or Black  
 Native Hawaiian or Other Pacific Islander  Caucasian/White

Category (Please check one): \_\_\_\_\_ IEP \_\_\_\_\_ 504 Plan \_\_\_\_\_ Other (self identified)

**Medical Consent:** I/We consent to emergency medical treatment, hospitalization or other medical treatment as may be necessary for the welfare of the above named child, by a physician, qualified nurse, and/or hospital, in the event of injury or illness during all periods of time in which the student is away from his/her legal residence, as a member of this function, and hereby waive on behalf of myself and the above named child any liability of the sponsoring School Districts (YKSD, FNDBSD), Camp Bingle or Brightways Learning/Kaleidoscope Connect program administrators, any of its agents or employees, arising out of such medical treatment.

I/We understand the local Board of Education or ASAA does not carry field trips, sports or activity insurance and will not assume responsibility for injuries sustained in this school activity or field trip. I/We also understand that accident insurance coverage is my responsibility.

Emergency Contact Name & Phone Number: \_\_\_\_\_

Allergies? If so, please describe specifics: \_\_\_\_\_

**Liability Release:** I/we (parent/guardian) agree to defend, indemnify and hold harmless the sponsoring School Districts, YKSD, Camp Bingle, its elected and appointed officials, employees, volunteers and Brightways Learning/Kaleidoscope Connect employees, and agents against any and all liabilities, claims, demands, lawsuits, or losses, including costs and attorney fees incurred in defense thereof, arising out of or in any way connected or associated.

**Media Release:** For and on consideration of the opportunity and privilege of appearing in or participating in one or more video or audio recordings, photographs, or written articles, I hereby consent to the use and editing thereof and release the School District and Kaleidoscope Connect program administrators (including Brightways Learning), and their employees and assignees from any and all claims resulting from such use, sale, editing, and release to the newspapers, and/or television channels or newsletters. If no\_\_\_\_\_

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**Program Rules. Regulations, and Expectations:**

1. I understand that there will be no overnight visiting or being checked out during the day with friends while participating in Phlight Club.
2. I will follow the rules and regulations of my own school, the Camp Bingle, and the chaperones.
3. I will keep regular attendance at the Phlight Club activities.
4. I will follow curfew regulations for the program.
5. I will not possess or use any drugs, alcohol, tobacco, or weapons while participating in Phlight Club.
6. I understand that violation of any state, federal, or municipal laws; such as stealing, shoplifting, etc., will result in my immediate removal from the seminar at my parent/guardian’s expense.
7. I will show respect, honesty, courtesy, and cooperation toward my fellow students, and staff.
8. I understand that I will not be allowed to drive a motorized vehicle while participating in the camp.
9. I will practice good health and hygiene habits, including limiting sugary snacks.
10. I will use appropriate language at all times.
11. I will be responsible for and respectful of any mobile technologies provided by the program for my use during the event, and ensure that I properly return the devices or other equipment to the program leaders as directed.
12. I understand that I (as the student) will complete surveys and that the data will be available to the Student Support Card Team and my local leader(s); any availability to others may occur per my specific permission.

Furthermore, both the participating student and the parent/guardian and understands and gives consent for the participant to complete surveys that may ask about personal or family affairs. Except for strict Kaleidoscope Connect program administration use, the results from those surveys will never be associated with or provide information that could lead someone to identify the participant or their family.

**Application and release acceptance and certification:** I certify that all of the information is correct to the best of my knowledge, and that I have read and understand the above stated rules, expectations, consent and waivers. I realize that any violation of these rules may result in the youth applicant being dismissed from the program at the parent/guardian’s expense. My signature below reflects my acceptance of the above-noted terms.

\_\_\_\_\_  
Signature of Youth Applicant

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Parent/Guardian  
(required if student is less than 18 years old)

\_\_\_\_\_  
Date Signed

**This Phlight Club Camp does take place in the summer outside of the school year and it is during the Fair. It will be taking place at Harding Lake. Students will need to be at the YKSD District Office located at 4762 Old Airport Way on Thursday, August 1<sup>st</sup> tentatively at 2:00pm when Camp Activities begin, we will depart in a bus from there and students will not be allowed to be checked out. The camp is set to end on Saturday, August 3<sup>rd</sup> tentatively at 4pm. Students can be released and picked up at that time at the District Office.**

**This opportunity will be available to students entering grades 7-12. Travel scholarships are available to YKSD students. Some students may already be in Fairbanks or require travel into town. Please fill out the travel request form to help us determine which students will need assistance with travel into Fairbanks or will already be in Fairbanks.**

**Name of Parent/guardian submitting request:** \_\_\_\_\_

**Full Name of Student attending:** \_\_\_\_\_

**Students Date of Birth:** \_\_\_\_\_

**Summer daytime phone number & email:** \_\_\_\_\_

**Village child will be traveling from:** \_\_\_\_\_

**Desired Arrival Date: Please check ONE of the options below**

\_\_\_\_\_ I would like for my child to arrive on Friday, August 1<sup>st</sup>.

\_\_\_\_\_ My child will already be in Fairbanks prior to August 1 and I will ensure they will be at the District Office at 2pm Friday, August 1st. Name & # of contact \_\_\_\_\_

**Desired Departure Date: Please check one of the options below**

Camp ends at about 4pm, Saturday August 3<sup>rd</sup> (Which is during the fair).

\_\_\_\_\_ Name and number of family member pick up student  
(Name and Number) \_\_\_\_\_.

Desired departure date from FAI to home is \_\_\_\_\_.

Parent will assume responsibility and fees associates with making the change fees on the airlines if applicable.

\_\_\_\_\_ My child will be released and remain in Fairbanks with family member for other reasons, the will not need transportation to home village (Name & number) \_\_\_\_\_.

\_\_\_\_\_ My child will remain with camp staff and remain depart the following day.