

# San Xavier District of the Tohono O’odham Nation

**Wecij U’uwi Hemapai**  
**5<sup>th</sup> Annual Young Women’s Gathering**  
A Gathering of Young O’odham Women  
Wednesday, May 29 – Saturday, June 1, 2024  
Application Deadline: Wednesday, May 22, 2024

## Participant Registration Form

Ages 10 to 17 Years old  
(Age limits will be enforced)

Participant’s Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ Village/Community District \_\_\_\_\_

Parent/Guardian’s Name: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone & Work #: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

### Participant’s Shirt Size (Please circle your size):

- Adult S
- Adult M
- Adult L
- Adult XL
- Adult XXL
- Other \_\_\_\_\_

### Emergency Contact #1 (if parent cannot be reached):

Name: \_\_\_\_\_ Relationship to individual: \_\_\_\_\_ Phone #: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Emergency Contact #2 (if parent cannot be reached):

Name: \_\_\_\_\_ Relationship to individual: \_\_\_\_\_ Phone #: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Notification: A lice screening and a COVID-19 test will be conducted for ALL participants at the time of registration/check-in. To be considerate of all participants and prevent an outbreak, participants must be clear of head lice and test negative for COVID-19.**

**IMPORTANT: Participants requiring daily medication must check in the medication with the Young Women’s Gathering staff for safekeeping. The medication will be administered only according to prescription. The medication must have the participant’s name and prescribed dosage on the label; otherwise, the parent will have to come administer the dosage.**

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## Medical History:

Known allergies (please specify): \_\_\_\_\_

Does the participant require an EpiPen? \_\_\_ Yes \_\_\_ No

List chronic diseases and illnesses (asthma, diabetes, etc.): \_\_\_\_\_

Please tell us about your child (describe any physical needs, special needs, emotional or behavioral concerns):  
\_\_\_\_\_  
\_\_\_\_\_

Should your child be excluded or restricted from physical or competitive activities? If so, please explain restrictive physical or competitive activities:  
\_\_\_\_\_  
\_\_\_\_\_

Indicate medications taken daily. Will participant have medication(s) with her? \_\_\_ Yes (list below) \_\_\_ No

Please indicate if medication is prescription (Rx) or Over The Counter (OTC)

|                           |                              |                               |                |
|---------------------------|------------------------------|-------------------------------|----------------|
| Name of Medication: _____ | Rx: <input type="checkbox"/> | OTC: <input type="checkbox"/> | Time(s): _____ |
| Name of Medication: _____ | Rx: <input type="checkbox"/> | OTC: <input type="checkbox"/> | Time(s): _____ |
| Name of Medication: _____ | Rx: <input type="checkbox"/> | OTC: <input type="checkbox"/> | Time(s): _____ |
| Name of Medication: _____ | Rx: <input type="checkbox"/> | OTC: <input type="checkbox"/> | Time(s): _____ |

## Health Insurance Information:

Health Care Insurance Provider: \_\_\_\_\_ Group #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone #: \_\_\_\_\_

Emergency Care Facility: (other than IHS after 5 p.m.): \_\_\_\_\_

## **Medical Authorization**

I grant permission for my child \_\_\_\_\_, to receive any medical attention deemed necessary by qualified medical personnel during her participation in the 2024 Young Women’s Gathering. I understand that reasonable precautions will be taken to provide for the safety and care for my daughter and every effort will be made to notify me in the event of an accident or injury requiring medical care. If I cannot be contacted, medical treatment may be given as deemed necessary for the best interest of my daughter. I hereby assume financial responsibility for the hospitalization and medical treatment provided.

## **Waiver and Release**

I \_\_\_\_\_, parent or legal guardian of \_\_\_\_\_ hereby agree to waive, release, and forever hold harmless the San Xavier District employees or 2024 Young Women’s Gathering volunteers against any and all claims of liabilities or demands whatsoever arising from the participation of this event. In the event of a medical emergency, I authorize the employees or volunteers of the San Xavier District to summon professional assistance for treatment or transportation.

## **Photographic Release**

I \_\_\_\_\_, parent or legal guardian of \_\_\_\_\_ hereby grant and convey unto the San Xavier District all rights, titles, and interest in and to all photographic images and videos or audio recording made by or for the San Xavier District or made with its consent, during my participation with the San Xavier District and otherwise affiliated or associated with the San Xavier District including, but not limited to any royalties, proceed, or other benefits derived from such photographs or video or audio recordings.

## San Xavier District of the Tohono O'odham Nation

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Phone Number

**IMPORTANT INFORMATION:**  
**PARENTAL/GUARDIAN APPROVAL REQUESTED**  
(Please circle one)

**Puberty and Physical Change:** Will be discussing/displaying information regarding the physical changes that occur for females, including reproduction. Participants will be separated by age groups.

Yes    No

**Healthy Relationships:** Will be discussing/displaying information on relationships, reproduction, sexual harassment, domestic violence, motherhood & healthy families.

Yes    No

**\*PLEASE READ:** Saturday, June 1, 2024, is the Closing Ceremony between the hours of 9am - 11am. Families are asked to be present to witness and hear the participants express themselves regarding their experience. **It is important that at least one family member attends the Closing Ceremony.** A meal will be provided. We would like all participants, their parents/guardians, and families to please work this into your time schedule. The timeframe is estimated, if you cannot be there for the closing, please, allow time for the young women to participate, stay and eat. The gates will be closed at noon. For food planning purposes, please indicate how many family members will be attending the closing ceremony \_\_\_\_\_.

**We are in need of positive role models who can volunteer for the duration of the camp. If you are interested in volunteering, please attend the mandatory Parent Orientation on Wednesday, May 15, 2024, at 6:00 p.m. in the San Xavier District Office Council Chambers located at 2018 W. San Xavier Rd., Tucson, AZ 85746. Volunteer applications will be available at the meeting for you to fill out.**

Return the completed registration form by mailing to:

San Xavier District Office  
2018 W. San Xavier Road  
Tucson, AZ 85746

Contact: Stacy Hernandez @ 520-573-4000

Fax: 520-573-4089

Email: [shernandez@waknet.org](mailto:shernandez@waknet.org)

Or by email at [ywg@waknet.org](mailto:ywg@waknet.org)

Contact: Danielle Stephens @ 520-573-4000

Fax: 520-573-4089

Email: [dstephens@waknet.org](mailto:dstephens@waknet.org)

# San Xavier District of the Tohono O’odham Nation

## YWG General Rules and Safety

1. Participants will be exposed to the natural elements (insects, cactus, rough terrain, etc.), heights, sharp objects, animals, physical activities, and extreme temperatures. Everyone needs to practice safety and come prepared for the outdoors. For example, please have your child start hydrating at least 1 week before the event.
2. Participants who require medication daily will identify it on their registration form and check it in with the Young Women’s Gathering staff. It will be the primary responsibility of the participant to adhere to their medication routine.
3. All participants who need medical attention for accidents or injuries will be tended to immediately and the Young Women’s Gathering staff will be notified. Extreme medical emergencies will be handled by trained EMT’s.
4. All participants will have emergency contact information including names and numbers, medical conditions, insurance information, treatment release and waiver on file with their registration form signed by the parent or guardian.
5. The following is a list of acceptable and expected behaviors of youth participating in the program:
  - Language: Participants will use appropriate and respectful language in communicating with each other, staff and volunteers.
  - Property: Participants will handle property with care and return all items borrowed to their proper owner.
  - Disagreements: Any issue will be discussed and settled in a respectful manner using restorative practice.
  - Disorderly Conduct: Fighting, wrestling, horse play, rough house or any other disorderly conduct will not be tolerated on District property.
  - Participants will not engage in, threaten, or harm others in any way. Physical abuse, bullying, name calling, taunting or intimidation will not be allowed.
  - Clothing: Participants will wear proper and appropriate clothing attire.
  - Drugs, alcohol, vapes or possession of a weapon are not permitted.
6. Every effort will be made to encourage participants to stay for the duration of the event. Individuals who pose a threat may be asked to leave. Parent/Guardians will be contacted; or if the need arises, Tohono O’odham Police will be contacted.
7. Parents, please provide notification to the Young Women’s Gathering staff if you plan on picking up your child for any reason. Participants are highly encouraged to stay during the entire event. Call 520-573-4000 if needed.
8. Belongings will be searched upon arrival.
9. Please call the group leaders if you would like to check in or visit with your child.
10. No outside food or snacks.

I \_\_\_\_\_, understand and agree to the rules and guidelines of the Wecij U’uwi Hemapai 5<sup>th</sup> Annual Young Women’s Gathering event. I understand that if I fail to follow these guidelines, I may jeopardize the opportunity to participate in the full duration of the event. Parents/Guardians will be contacted or if the need arises, Tohono O’odham Police will be contacted.

**Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## San Xavier District of the Tohono O'odham Nation

### CHECK LIST OF ITEMS TO BRING FOR YOUNG WOMEN'S GATHERING

In an effort to take care of our environment and cut down on waste we are asking each participant to bring their own eating utensils and cups for use throughout the gathering.

Please keep in mind that the young women will be camping outdoors and will need all the appropriate camping equipment and casual clothing for outdoor activities, running and hiking. PLEASE LABEL / WRITE YOUR NAME ON ALL PERSONAL ITEMS.

Please be advised that the participants will be camping in an assigned area with their age group and leaders. Siblings and relatives may be asked to camp in other areas near their group leader.

1. \_\_\_ Water Bottle or Cup with lid (20 oz. or less)
2. \_\_\_ Spoon & Fork
3. \_\_\_ Bowl for stew, soup or cereal
4. \_\_\_ Plate for meals
5. \_\_\_ Soap (body wash)
6. \_\_\_ Wipes
7. \_\_\_ Hand Sanitizer
8. \_\_\_ Shampoo
9. \_\_\_ Deodorant
10. \_\_\_ Toothbrush
11. \_\_\_ Toothpaste
12. \_\_\_ Comb/Brush
13. \_\_\_ Bath Towel
14. \_\_\_ 3-4 Changes of comfortable casual clothes
15. \_\_\_ Sweater
16. \_\_\_ Pair of pants/sweats
17. \_\_\_ Running Shorts
18. \_\_\_ Running shoes/Hiking Shoes
19. \_\_\_ Flashlight/Batteries (please bring)
20. \_\_\_ Sleeping Bag & Blankets for warmth.
21. \_\_\_ Tarp (lay sleeping bag on top of tarp so sleeping bag won't get wet)
22. \_\_\_ Medications (if needed). Make sure you check this in at Registration.
23. \_\_\_ Sunscreen
24. \_\_\_ Mosquito Repellent
25. \_\_\_ Camping Tent
26. \_\_\_ Camping Chair
27. \_\_\_ Umbrella (Optional)
28. \_\_\_ Feminine Hygiene Products (will be available)