

# *“Dancing With Our Communities to the Beat of Our Own Drum”*

## **NCNAYO 33<sup>rd</sup> ANNUAL INDIAN YOUTH UNITY CONFERENCE APPLICATION**

NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

DATE OF BIRTH: \_\_\_/\_\_\_/\_\_\_ SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_

MOTHER’S NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

MOTHER’S WORK PHONE #: \_\_\_\_\_ FATHER’S WORK #: \_\_\_\_\_

FATHER’S NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

*The information below is needed for statistical purposes only:*

TRIBE: \_\_\_\_\_ SEX: \_\_\_\_\_

TRIBAL AFFILIATION(S): \_\_\_\_\_

ROOMMATE PREFERENCE: (no roommate assignments are guaranteed)

Please specify any medical concerns, special diet or disability requiring special arrangements:

Please indicate your workshop choices in order of preference by numbering 1-5 (**for each column**) in the spaces provided. Every effort will be made to honor at least two of your top choices each day. **NOTE: These are subject to change due to the availability of facilitators.**

*(Day 2)*

- \_\_\_ North Carolina Tribal History
- \_\_\_ Leadership Development ( full-day)
- \_\_\_ Powwow Dancing/Regalia Construction
- \_\_\_ Native Drumming
- \_\_\_ Healthy Eating/Lifestyles
- \_\_\_ Youth Rap Session
- \_\_\_ HIV/AIDS Awareness
- \_\_\_ Native American Spirituality

*(Day 3)*

- \_\_\_ Personality Types/Assessment
- \_\_\_ Safe Driving/Driving While Distracted Prevention
- \_\_\_ College Life
- \_\_\_ Academic Preparations for College
- \_\_\_ Financial Literacy/Entrepreneurship
- \_\_\_ Preparing for Careers in Medicine
- \_\_\_ Careers with the Secret Service
- \_\_\_ Educational Opportunity with Job Corps

Why would you like to attend this year’s conference? PLEASE EXPLAIN:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you interested in running for a N.C. Native American Youth Organization Executive Office? \_\_\_\_\_

Office of \_\_\_\_\_

If yes, please explain reasons for running: *(students will be required to give candidate speech.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*I agree to give my full participation in all sessions and activities of the N.C. Native American Youth Organization Conference and pledge to conduct myself in a manner that will bring only credit to American Indians. In the event of an accident or injury, I will not hold the N.C. Native American Youth Organization or any of its agents, volunteers or other organizations involved in this conference liable. I also agree to pay for any damages I may incur or associated with the room to which I am assigned. The use of tobacco, alcohol or other drugs at the conference or other conduct unbecoming of a conference participant will result in my immediate dismissal from the conference.*

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

*I hereby approve the participation of my son/daughter in the N.C. Native American Youth Organization Conference. In the event of illness or accident, I give my consent to do any acts that may be necessary or proper to provide for the health care of the minor child. Also, I hereby release and agree to hold harmless the State of North Carolina and its employees, agents, and officers of the North Carolina Native American Youth Organization and any of its agents, volunteers, or other organizations involved in this conference from any and all claims, including those of our heirs or assigns which may arise from any action or failure to act by any employee, officer, or agent of the State of North Carolina or the N.C. Native American Youth Organization in connection with the participation of our (my) child (PLEASE ENTER CHILD'S NAME ON LINE PROVIDED) \_\_\_\_\_ in the North Carolina Indian Youth Unity Conference. I also agree to pay for any damages that may be incurred by my child.*

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

\_\_\_\_\_  
Date

**Chaperone's Name:** \_\_\_\_\_

**Chaperone's Signature:** \_\_\_\_\_

If you are not selected to be a participant, your money will be refunded. **No refunds for cancellations will be given after June 5, 2012.** If you are paying for yourself, send your check to the group you will be coming with and they will pay your fee with the rest of the group from your area. ***The deadline for conference registration is May 30th.*** Artwork and essays can be brought directly to the conference.

**Amount Enclosed:** \_\_\_\_\_ **T-shirt Size:** \_\_\_\_\_

Mail registration and other conference materials to:

**N.C. Indian Youth Unity Conference Coordinator  
P.O. Box 25811  
Raleigh, NC 27611-5811**



**NORTH CAROLINA NATIVE AMERICAN YOUTH CONFERENCE**  
**Wesleyan College**  
**Rocky Mount, NC**  
**June 13 - 16, 2012**

**Please complete the questions that apply and return with the registration. *FORM MUST BE NOTARIZED.***

**AUTHORIZATION TO CONSENT TO HEALTH CARE FOR MINOR & STUDENT 18 AND OLDER**

I, \_\_\_\_\_, of \_\_\_\_\_ County, \_\_\_\_\_, am the custodial parent having legal custody of \_\_\_\_\_, a minor child, age \_\_\_\_\_, born \_\_\_\_\_, 19\_\_\_\_, **OR** I, \_\_\_\_\_, of \_\_\_\_\_ County, \_\_\_\_\_, authorize the Educational Talent Search staff, in whose care I am or the minor child has been entrusted, located at 116 West Jones Street, Raleigh, N.C., to do any acts which may be necessary or proper to provide for the health care of the minor child or me, including, but not limited to, the power (i) to provide for such health care at any hospital or other institution, or the employing of any physician, dentist, nurse, or other person whose services may be needed for such health care, and (ii) to consent to and authorize any health care, including administration of anesthesia, X-ray examination, performance of operations, and other procedures by physicians, dentists, and other medical personnel except the withholding or withdrawal of life sustaining procedures.

This consent shall be effective from the date of execution to and including June 13-16. 2012.

By signing here, I indicate that I have the understanding and capacity to communicate health care decisions and that I am fully informed as to the contents of this document and understand the full import of this grant of powers to the agent named herein.

**Please indicate any need that requires special arrangements/accommodations (i.e. allergies or other conditions):**

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Please check if special meals are required due to allergies: \_\_\_\_\_

\_\_\_\_\_  
Hospitalization Insurance Company/Provider  
\_\_\_\_\_  
(SEAL)

\_\_\_\_\_  
Hospitalization Insurance Policy/Provider/Medicaid

\_\_\_\_\_  
Custodial Parent  
\_\_\_\_\_  
(SEAL)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant's Signature (if 18 or older)

\_\_\_\_\_  
Date

STATE OF NORTH CAROLINA

COUNTY OF \_\_\_\_\_

On this \_\_\_ day of \_\_\_\_\_, \_\_\_\_, personally appeared before me the person named, \_\_\_\_\_, to me know and known to me to be the person described in and who executed the same and being duly sworn by me, made oath that the statements in the foregoing instrument are true.

\_\_\_\_\_  
Notary Public

# NORTH CAROLINA NATIVE AMERICAN YOUTH CONFERENCE

Wesleyan College  
Rocky Mount, NC  
June 13 - 16, 2012

## **RULES OF CONDUCT** (MUST BE SIGNED BY PARTICIPANT)

WHEREAS, the NCNAYO Code of Ethics prohibits possession and/or use of alcoholic beverages, tobacco, and illegal drugs, or remaining in the presence of individuals who are using or taking illegal drugs; and

WHEREAS, sexual contact at any event or activity occurring within the time frame for the conference is prohibited; and

WHEREAS, any behavior that violates any of the laws of the United States or the State of North Carolina or any local ordinance is also prohibited; and

WHEREAS, the attendance and punctuality of scheduled meetings of the NCNAYO Youth Conference is considered mandatory by all participants; and

WHEREAS, any student driving their own vehicle will be required to give the keys to the NCNAYO Conference Coordinator for the duration of the Conference, and

WHEREAS, the NCNAYO Code of Ethics demands that all participants conduct themselves in a manner representative of American Indian youth, including showing respect for the property of others and the facility in which the Youth Conference is held.

WHEREAS, NCNAYO requires that all participants dress in a manner that is reflective of the American Indian culture and is comparable to the **dress code requirements** at the participant's school. No skirts or dresses are to be worn at the dance. If your religion prevents you from wearing shorts/jeans, you may refrain from the dance or agree to wear shorts under your dress or skirt.

THEREFORE, I \_\_\_\_\_, agree to abide by all of the rules of the NCNAYO Youth Conference Code of Ethics and am aware that any infraction of the Code will result in my parent(s) being notified. In the event that it is determined that I have violated the Code, I may be sent home. The responsibility for making this determination is vested in the Director of the North Carolina Commission of Indian Affairs, Educational Talent Search Director or her designee.

**This the \_\_\_\_\_ day of \_\_\_\_\_, 2012.**

\_\_\_\_\_  
(Participant's Signature)