

Weth-kuel Youth Summer Camp



Jim McQuillen, Education Department Director

Return Applications by 5 PM June 16, 2017

P.O. Box 1027 Klamath, CA 95548 Phone: (707) 482-1822 ext. 1021

Fax: (707) 482-0760

May 12, 2017

Aiy-ye-kwee' Families,

This year the Education Department will hold our Summer Camp at the mouth of the Klamath River, at the village of Weyhl-kwel'. For ages 7 -14, the Camp will run **June 27th – June 30th**. This will be a four day, three night summer youth camp. The goal of this camp is to inspire tribal youth to become interested in the natural resources fields. We hope to have a good turnout of students again for this year's camp. We hope to see our regular families, along with some new ones at this year's camp.

We will again have many cultural activities and games. In the past we have included: boys stick games; Indian card games; we have taught the girls to make acorn soup and necklaces; beading; basketry; both boys and girls will learn ceremonial dance protocol; and Yurok Language activities, as well as learning plant identification and water safety.

Please return your completed applications along with the medical release and liability forms early, **the camper Application Deadline is June 16, 2017** and it will be first come, first served. Hope to see you there! Prepare for four (4) days filled with fun!

Note: We will be doing required head checks for lice before campers are checked-in. **There is a no nit policy for the camp.**

Important reminders:

- Parents must remain with campers during check-in.
- Campers can check-in between 9-10 AM on Monday, June 27, 2017
- Campers must be picked up by 12 noon on Friday, June 30, 2017

Wok-hlew',

EDUCATION DEPARTMENT STAFF

Weth-kuel Youth Summer Camp



Jim McQuillen, Education Department Director

Return Applications by 5 PM June 16, 2017

P.O. Box 1027 Klamath, CA 95548 Phone: (707) 482-1822 ext. 1021

Fax: (707) 482-0760

I hereby give permission for my child/ren to attend the Weyhl-kwel' Youth Summer Camp to be held in our area for children ages 7-14.

Child's Name:	D.O.B.:	Age:	Male	Female
_____	_____	_____	M	F
_____	_____	_____	M	F
_____	_____	_____	M	F
_____	_____	_____	M	F

Name of Parent or Guardian

Signature of Parent or Guardian

Address:

PHYSICAL ADDRESS

MAILING ADDRESS

CITY/TOWN

STATE

ZIP

Home Phone#: _____ Work #: _____ Cell#: _____

Emergency Contact: _____

Name

Phone #

Please List any medical, physical, prescriptions or behavior concerns for your child.

Type of Medication

Dose Amount/Frequency

Special Instructions

APPLICATION DEADLINE: June 16, 2017

Weth-kuel Youth Summer Camp



Jim McQuillen, Education Department Director

Return Applications by 5 PM June 16, 2017

P.O. Box 1027 Klamath, CA 95548 Phone: (707) 482-1822 ext. 1021

Fax: (707) 482-0760

**Please Return Application, Medical Release, and Disclaimer/Liability
Forms for each camper to the address listed above.**

We will be doing head checks for lice before campers are checked-in.

There is a no nit policy for the camp.