



Tribal Youth Program
 PO Box 1090
 Nome, AK 99762
 Phone: (907) 443-9122
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TYP TUTORING PROGRAM REFERRAL

Referred By: _____ Date of Referral: _____

Students Name: _____ DOB: _____

Gender: _____ Current Grade: _____

PO Box: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Please Check One: Caucasian African American Other: _____

Alaska Native: (circle one if you know) King Island Inupiaq Yupik Siberian-Yupik Interior

What Tribe do you belong to (check one below)

NEC Tribal member King Island Village of Solomon Village of Council Other

Who does this student live with? Mother Father Both parents Other: _____

Mother: _____ Home #: _____ Work#: _____

Employer: _____ Email Address: _____

Father: _____ Home #: _____ Work#: _____

Employer: _____ Email Address: _____



TRANSPORTATION WAIVER

I authorize the **Nome Eskimo Community Tribal Youth Program staff**, to provide transportation for _____ . I hereby waive, release, discharge, hold harmless and indemnify Nome Eskimo Community (NEC) its staff, from and against any and all claims, suits, damages, costs, fees, (including, but not limited to, reasonable attorney’s fees), loss of life, expenses, causes of action, judgments, and liabilities of every nature or kind (collectively “liabilities”), in equity or law, in any manner arising out of or in connection with NEC providing transportation, unless such liabilities are caused by the gross negligence or willful misconduct of NEC. I agree to abide by all safety rules of NEC.

If any provision of this agreement, or the application of same is held invalid, all remaining provisions of this agreement and the application of such provisions to circumstances other than those which are held invalid shall not thereby be held invalid, and to this end the provisions of this agreement are expressly understood and agreed by the parties to be severable.

PARENT PERMISSION FOR STUDENT PUBLICATION

Activities and events sponsored by NEC occasionally are photographed or videotaped by staff and students for publication in NEC presentations, websites or the Nome Nugget Newspaper. Please initial the boxes below to indicate the level of publication permission you would like to grant your child. Sign and date and return to NEC as soon as possible.

CHECK THE APPROPRIATE BOXES:

- Please **DO NOT** publish any photos or any other information related to my child
- Publish my child's picture on the internet (ex: NEC/Kawerak website)
- Publish my child's first name on the Internet
- Publish my child's last name on the Internet
- Publish my child's picture or video clips for NEC sponsored projects. (ex: NEC tribal council meetings, annual meetings, Kawerak Newsletter)

AUTHORIZATION OF RELEASE OF INFORMATION

I authorize the **Nome Eskimo Community Tribal Youth Program staff**, to obtain information regarding, my child, _____ from the following: Nome Public Schools, Norton Sound Health Corporation, State of Alaska Office of Children's Services, State of Alaska Juvenile Probation and/or Nome Youth Facility, Kawerak, or Nome Community Center. The specific records to be disclosed pertain to: Educational records including: report cards, attendance, behavioral or discipline referrals and/or discipline reports court or legal documents or documents mental health documents (for NEC behavior referrals only).

I authorize NEC to discuss my child's case with the organizations listed above for the sole purpose of reducing and preventing truancy, tobacco use, alcohol and substance use, and/or to foster healthy lifestyles among tribally enrolled and Alaska Native youth. NEC may request this information to better assist the student and their families in receiving services.

I understand this information will be used solely for the administration of the NEC Tribal Youth Program and will not be released to any other person or agency outside NEC. I understand that copies of this authorization will be as valid as the original and that this authorization will be valid for one year from this date.

By signing my signature I have read and understand the entire contents above.

Parent/Legal Guardian Signature

Date

Tribal Youth Program Staff Signature

Date