



Modoc Nation

Tribal Headquarters
22 North Eight Tribes Trail
Miami, OK 74354
Ph.: (918)542-1190
Fax: (918)542-5415

Modoc Youth Camp Packet

Limited Spaces Available: Please RSVP by sending completed application to syd.colombe@modocnation.com, or dropping off at 22 N. Eight Tribes Trail by **Monday, May 25th**

Child's Name: _____ Modoc Roll Number: _____

Guardian's Name: _____ Guardian's Phone Number: _____

Mailing Address: _____

My child will be attending:

Camp One **13-17 years old**: 06/08/26-06/09/26 (Mon.-Tues.) from 9:30 a.m.-04:00 p.m.

Camp Two **8-17 years old**: 06/10/26-06/11/26 (Wed.-Thurs.) from 9:30 a.m.-04:00 p.m.

Child's Shirt Size: (Circle One)

Adult Sizes: Small Medium Large X-Large Other _____

Youth Camp Consents

Media, Travel, & Safety: As guardian over this minor child, I grant permission for the Modoc Nation to complete the above methods for health/safety and prevention for my minor child AND to complete the below methods for electronic collection and distribution of imagery, video, or audio content.

Please initial each item to indicate guardian/child permission:

_____ Application of sunblock and/or bug spray

_____ Picture may be taken and printed onsite

_____ Picture/Video/audio may be sent to caregiver/guardian electronically (text or email)

_____ Picture/Video/audio may be utilized on social media or the Modoc Nation website

_____ Provide transportation to/from field trip outings

_____ Any known allergies: food, animal, outdoor (Please advise us of any allergies that we should be aware of)

Youth Camp Permission Form

I hereby acknowledge consent and grant my complete and explicit permission for the child identified above to attend the annual Modoc Nation Youth Camp. Information pertaining to outing details will be provided to parent/guardian prior to camp date(s).

I understand that the Modoc Nation will not be held liable for any bodily injury incurred during any outing, event, or other Modoc Nation sponsored activity, and/or hereby indemnify and relieve the Modoc Nation staff of any such liability. I authorize Modoc Nation staff, (paid or volunteer), to authorize any reasonable action designed to ensure the safety, health, and welfare of my child/ward, and absolve the staff of any liability relating to such actions.

I hereby authorize the staff of the Modoc Nation, (paid or volunteer), to deliver any reasonable action to obtain emergency medical care for the identified child, and/or absolve them of any liability for such action. I hereby authorize any emergency medical, surgical, diagnostic, and hospital care, treatment, and/or procedures deemed immediately necessary and/or advisable by emergency medical technicians, a physician, and/or hospital to safeguard my child's health when I cannot be readily contacted/informed.

Guardian Signature

Date