Welcome to the Otoe-Missouria ASCEND Program. All of our staff is looking forward to having you and your family as part of our program. The tribal youth are the future of the tribe and their success dictates the success of the tribe. This tribal youth program was created to nurture, guide, assist, teach and inspire the next generation of Otoe-Missouria people through homework assistance, physical activity, cultural teaching and leadership development. The ASCEND Program will begin September 23 for the school year. Applications will be accepted throughout the school year until each group has reached the maximum number allowed. 9th-12th will meet on Wednesdays and sometimes on Fridays &/or Saturdays. Pick-Up location will be at the Frontier School Bus Parking lot (designated Saturdays will be Village Housing Office, The Rock, and Marland Post Office). Drop-Off locations will be the Village Housing Office, The Rock, and Marland Post Office.

Center Information
Otoe-Missouria Youth Program
8151 Hwy 177
Red Rock, OK 74651
Telephone 580 723-4466 x175
Director- James Black

Rules
Sign-in/Out: To verify a student’s attendance, a student will be signed in daily by a coordinator, however if a student must be signed out, upon departure they must be signed out by the parent or person authorized to pick-up the student. The sign-out sheet is located at the front door. Students will only be released to those listed on their pick up sheet.

Open Door Policy: The Otoe-Missouria Tribe Youth Center has an open door policy. Parents have the right to request and receive information concerning their child. Parents have the right to visit the center but are also encouraged to do so. Parents are encouraged to share their concerns or complaints. Parents are more than welcomed to contact the Site Supervisor or Youth Worker. If neither of these are available to address the parents concerns, parents are more than welcomed to address the Director of the program.

Medication Administration: The Otoe tribe retains the discretion to reject requests for administration to any student by its employees. Its employees and agents shall incur no liability as a result of injury arising from the self-administration of medication by students.

Illness: Our policy on illness is meant to protect all of our students, families, and staff from the spread of contagious diseases. If your student has a contagious illness, please contact the center immediately as our parents’ must be notified. These steps will need to be taken if your student becomes ill.
ASCEND

OTOE-MISSOURIA HIGH SCHOOL
LEADERSHIP PROGRAM APPLICATION

This program is designed primarily for youth educational/recreational activities for grades 9th through 12th. The OMT-ASCEND Program will begin September 23 for the school year. It will provide Youth Ambassador Opportunities, Tribal/Community Representatives, Volunteer Work, Community Outreach, Recreational Events (sports), Educational Opportunities, and Cultural Events. Events/meeting times will vary based on availability and planning. 9TH-12TH will meet on Wednesdays and sometimes on Fridays &/or Saturdays. Pick-up location will be at the Frontier School Bus Parking lot. Drop-off locations will be the Village Housing Office, The Rock, and Marland Post Office.

Student’s First Name:_________________________ Last Name:_________________________

Date of Birth:__/__/____  Age: ______

2015-2016 Grade Level: 9TH  10TH  11TH  12TH (Please circle)

Parent/Guardian Name:_________________________________________________

Address:_________________________________________________ Phone:________________________

Person(s) authorized to pick up your child/Emergency Contacts:

Name:_________________________ Relationship:_______________ Phone:________________________

Name:_________________________ Relationship:_______________ Phone:________________________

Name:_________________________ Relationship:_______________ Phone:________________________

Name:_________________________ Relationship:_______________ Phone:________________________

Is your child under medical care or taking any medication(s)? Yes:____ No:____

If yes, please check all of the following conditions that your child has.

Bee Sting___ Epi-pen___ Other Allergies:_____________________________________________________

Asthma___ Inhaler___ Special Needs/Disability:_________________________________________________

Vision/Hearing___ Glasses___ *****OMTYP Staff will not administer medication at any time.

Family Health Care:  Physician’s Name:______________________ Phone #:________________________

Address:____________________________________________________________________________

Health Insurance#__________________________________________________________

Does the Otoe Tribe have permission to use photos/videos of your child in educational or promotional materials? (There is no cost.) Yes:____ No:____

I understand that my child_________________________ is to follow program rules while in attendance with the ASCEND program, if not they will not be allowed to attend the program. I give consent for my child and I understand that the tribe will not be held liable for any reason, in case of an emergency, the program also has my consent to take my child to the nearest hospital. With my signature, I fully understand and I am aware of the above participate in the summer program.

Parent/Guardian Signature:_________________________________________ Date:_____________

Director: James Black Email: jblack@omtribe.org | Phone 580-723-4466 ext175
Program Hours 3:30 P.M. - 5:40 P.M. | Office Hours 10:00 A.M. - 6:00 P.M.
AGREEMENT TO ABIDE BY PROGRAM RULES

In order to insure the safety and quality of the Otoe-Missouria Tribe ASCEND Program, it is very important that all participants obey all program rules. Among these rules are:

✓ Proper behavior on the bus
✓ Listen to and obey the rules set by program staff
✓ Anyone with tobacco products, alcohol or illegal substances will be sent home immediately
✓ This is a 100% non-smoking program by any program participant.
✓ Breaking of these or other rules set by staff may result in the immediate termination of program participation and possible legal consequences.

I have carefully read this agreement and fully understand its contents. By signing this agreement, I agree to abide by the rules stated in this document. I have signed it of my own free will. Failure to return this form will result in participant being excluded from the program.

Dated: __________________________

Print Name of Parent/Guardian: __________________________

Signature of Parent/Guardian: __________________________

Print Name of Participant: __________________________

Signature of Participant: __________________________