

# 2026 Youth Culture Camp

July 6<sup>th</sup>-July 10<sup>th</sup>

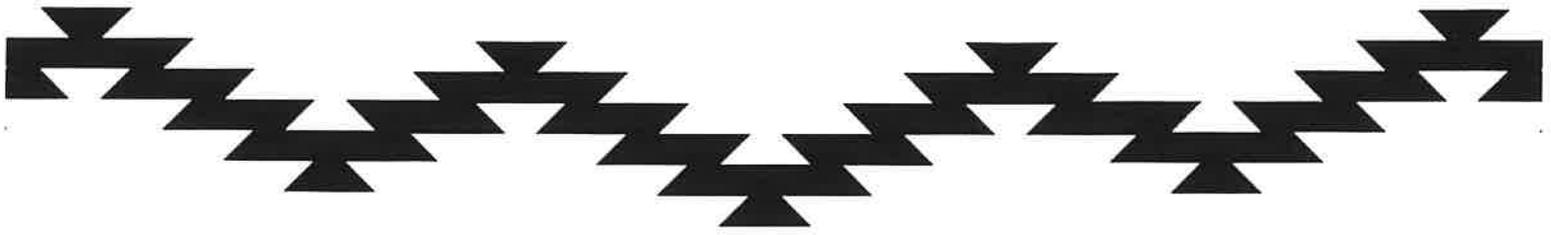
Klamath River Resort- Happy Camp



Youth Culture Camp is open to children ages 5 to 17 and will run daily from 8:00 AM to 5:00 PM. An overnight camp option will be available for youth ages 12 and older. Please note that transportation will not be provided this year, so families will need to arrange their own drop off and pick up. As the camp date approaches, families will receive additional information including permission slips for rafting, the camp itinerary, and other important details.

We will also host a Community Dinner on Thursday, July 9, and families are warmly invited to attend and join us for the evening.

QUESTIONS? CONTACT BRIONNA GONZALES, EDUCATION DIRECTOR AT [BCGONZALES@KARUK.US](mailto:BCGONZALES@KARUK.US) OR ALEXIS CROY, YOUTH SUPPORT SPECIALIST AT [ARCROY@KARUK.US](mailto:ARCROY@KARUK.US). YOU CAN ALSO CONTACT US AT 530-842-1644 EXT: 7035



## 2026 YOUTH CULTURE CAMP

### Child Information

(Please list all children attending. Add additional names if needed.)

**Child #1 Name:** \_\_\_\_\_

**Age:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**Child #2 Name:** \_\_\_\_\_

**Age:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**Child #3 Name:** \_\_\_\_\_

**Age:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

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### Parent / Guardian Information

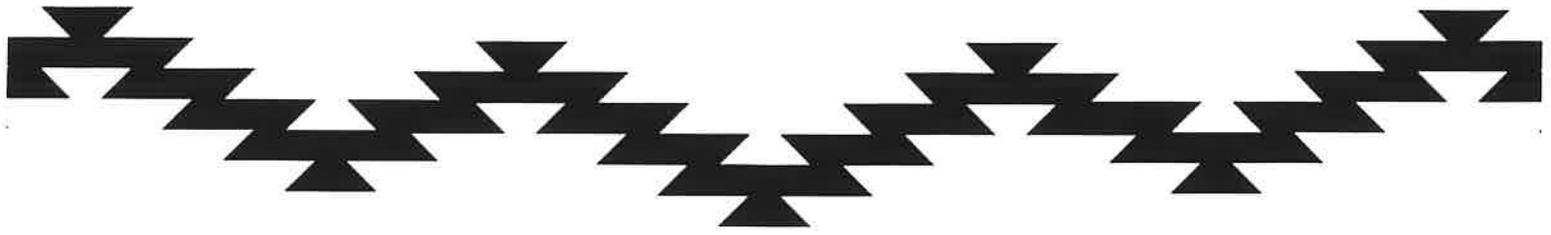
**Parent/Guardian Name:** \_\_\_\_\_

**Relationship to Youth:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

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## 2026 YOUTH CULTURE CAMP

### Emergency Contact Information

(Please list someone other than the parent/guardian above.)

**Emergency Contact Name:** \_\_\_\_\_

**Relationship to Child:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

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### Additional Adults Authorized for Pick Up / Transportation

**Name:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

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### Camp Participation Options

(Please check all that apply.)

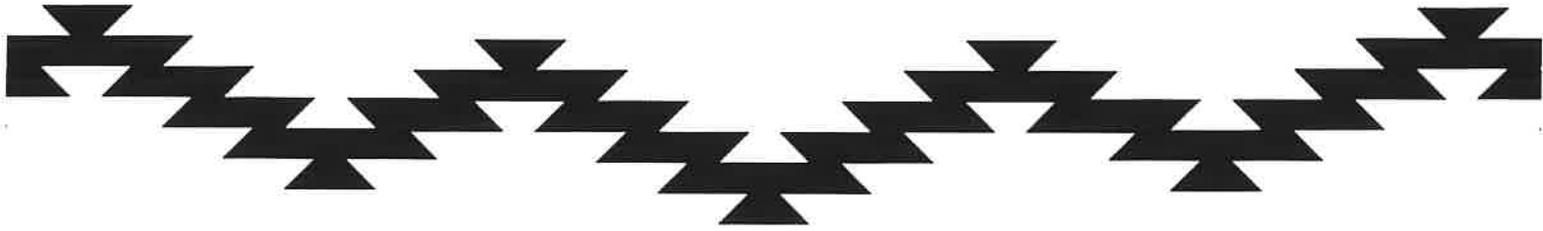
My child(ren) **WILL stay overnight** at camp (ages 12+ only)

My child(ren) **WILL NOT stay overnight**

My child(ren) **MAY participate in off-site activities** (rafting, fishing, etc.)

My child(ren) **MAY NOT participate in off-site activities**

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## 2026 YOUTH CULTURE CAMP

### Allergies / Medical Information / Medications

Please list any **allergies, medical conditions, or medications** staff should be aware of:

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### Photo / Media Release

I give permission for photos or videos of my child(ren) to be taken during Youth Culture Camp and used for program or community purposes.

**Parent/Guardian Initials:** \_\_\_\_\_ Approve

**Parent/Guardian Initials:** \_\_\_\_\_ Do Not Approve

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### Signatures

I understand the activities involved in Youth Culture Camp and give permission for my child(ren) listed above to participate.

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_