

NEZ PERCE LANGUAGE CLUB APPLICATION
Coordinated by Nez Perce Language and Students for Success Programs
through a “Native Voices” grant

For students entering GRADES 7TH-12TH in Fall 2008

Name _____ Grade (Fall 2008) _____

Address _____ School _____

Phone _____ E-mail _____

Parents/Guardians _____

Which Nez Perce Language Club location you would join: Kamiah
(Check one) Lapwai
 Orofino

When can you participate in the Nez Perce Language Club: Summer
(Check all that apply) During school year
 Christmas & spring breaks

How would you rate your interest and commitment in learning the Nez Perce Language? On a scale from **1** (extremely low) to **5** (average) to **10** (extremely high). Circle one:

1 2 3 4 5 6 7 8 9 10

Describe why you are interested in joining the Nez Perce Language Club?

Tell us about your previous experience in learning the Nez Perce Language?

What other cultural activities are you active in?

What other school or community extracurricular activities are you involved with?

Return form to:
Joyce McFarland, Director, Students for Success Program
P.O. Box 365, Lapwai, ID 83540
Phone: 208-843-7303, Fax: 208-843-7387, E-mail: joycem@nezperce.org

**Nez Perce Language Club
Release Form**

FOR STUDENTS UNDER 18:

Parent/Guardian

I, _____, the parent/ guardian of _____, a minor, hereby agree to indemnify and hold harmless the Students for Success Program, Nez Perce Language Program, Nez Perce Tribe, Native Voices Endowment, and members of each sponsor, from all claims, losses, expenses, fees, including all attorney fees, costs, and judgements that may be asserted against the sponsors as a result of the acts or omissions of the sponsor, its employees, representatives or agents, in the performance of their activity of coordinating the Nez Perce Language Club, which may include, but will not be limited to, meetings, retreats, field trips, language-related tribal gatherings, etc.

Parent/Guardian Signature

Date

Student

I understand that while participating in the Nez Perce Language Club that I will be expected to represent myself and my family with dignity and respect to others, including their property, that I will not leave the company of the chaperones without asking first, that I will follow rules and expectations of the chaperones and be responsible to the group, and that I will take responsibility for my attitude and behavior. I understand that I must maintain good standing in the Club for continued participation.

Student Signature

Date

Please list:

Medical Conditions _____

Medications _____ Allergies _____

Does your child need a medical release to participate? ____ Yes ____ No.

If "yes," please provide a copy.

In case of an emergency contact:

Name _____ Relationship _____ Ph _____ Ph2 _____

Name _____ Relationship _____ Ph _____ Ph2 _____

Name _____ Relationship _____ Ph _____ Ph2 _____