



SOUTHERN INDIAN HEALTH COUNCIL, INC.

4058 Willows Road Alpine, CA 91901

phone (619) 445-1188 fax (619) 659-3144

www.SIHC.org



7th Annual Native Youth Conference

Pathways to Possibilities

Date: July 29, 2016

Time: 8:30AM-7:00PM

8:30AM-4:30PM Program 5:00-7:00PM Outing

Location: San Diego Mesa College – Building G
7250 Mesa College Drive, San Diego, California 92111



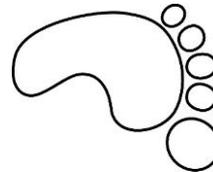
Youth aged 13-18 are invited to join this year's Native Youth Conference. The event will include socializing, food, fun, and great opportunities to learn some life skills. The event will also include speakers and fun gifts. Come join us this year!

For more information, to register, and request transportation call Talia at ext. 214



Co-Sponsors:

San Diego Mesa College Black Studies Department
Strong Hearted Native Women's Coalition, Inc.



Please note: SIHC reserves the right to photograph the event and activities and utilize the photos for promotion, advertising, or any communication regarding the Clinic. You may request not to be photographed.

This project is funded by a combination of the County of San Diego Prevention and Early Intervention (PEI) Contract and by Grant No. 2015-IW-AX-0001, awarded by the Office on Violence Against Women, U.S. Department of Justice. The opinions, findings, conclusions, and recommendations expressed in this publication/program/exhibition are those of the author(s) and do not necessarily reflect the views of the Department of Justice, Office on Violence Against Women.



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7th Annual Native Youth Conference Registration Form

July 29, 2016

Participant Name: _____ Age: _____ Birth Date: ____/____/____

Best Contact: phone email other _____

Phone Number: (____) ____ - ____ Email: _____@____.____

Mailing Address: _____

Tribal Affiliation: _____

In the 2016-2017 School Year I will be in ____ grade.

I will/ will not need transportation. (Transportation is available to those in the SIHC consortium area. For information on transportation in your area please contact your local representative.)

If you have questions concerning the Youth Conference contact Talia McGuire-Haywood at ext 214 or email at tmcguire-haywood@sihc.org.

Release of Liability

I, _____, give permission for _____
(parent/guardian name) (participant's name)

to attend Southern Indian Health Council, Inc.'s (SIHC) 7th Annual Native Youth Conference held at Mesa College July 29, 2016 from 8:30am-7:00pm. I authorize SIHC staff to seek any emergency medical treatment deemed necessary for _____. I do not hold SIHC responsible if something should happen or should
(participant's name)

an accident occur while attending the 7th Annual Native Youth Conference held at Mesa College July 29, 2016.

Emergency Contact Information

Name: _____ Phone Number: (____) ____ - ____

Additional Emergency Contact Information:

Name: _____ Phone Number: (____) ____ - ____

Signature of Parent/Legal Guardian: _____ Date: ____/____/____

**Please be advised that the Conference will include topics of sexual content. SIHC and co-sponsoring organizations reserve the right to photograph the event and activities and utilize the photos for promotion, advertising, or any communication regarding the Clinic and co-sponsoring organizations. You may request not to be photographed. The participant is responsible for staying with the group and conducting themselves in a respectful manner. If the participant does not follow the guidelines of the event he/she is subject to termination of this and future outings, trips or events with SIHC.

REGISTRATION DEADLINE: July 22, 2016

Fax completed registrations to (619) 659-9782, drop off at Alpine/Campo Clinic Family Services, or email tmcguire-haywood@sihc.org