

# The American Indian Recruitment Program - AIR

## AIR Application

This application to the American Indian Recruitment Program is the basis on which each applicant is evaluated. Though exceptions may be made, application should be currently enrolled high school students, grade 9-12, or middle school students, grade 6-8. Summer Program will be open to younger students. All applications are confidential.

Application for Program: ☐ AIR Sr. ☐ AIR Jr. ☐ AIR Tutorial ☐ Other: Summer Prog.-12

### Student Information (Please Print)

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

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

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

Home Phone Number (Please include Area Code): \_\_\_\_\_

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

High School/Middle/Elementary School Attending: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ ☐ Male ☐ Female

Current Year in School (Check One) ☐ Senior ☐ Junior ☐ Sophomore ☐ Freshman

☐ Other: \_\_\_\_\_

What is your current school schedule (Date/Semester/Quarter): \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

What are your two most difficult subjects?:

1. \_\_\_\_\_ 2. \_\_\_\_\_

Name: \_\_\_\_\_  
Student Information-Application

### Parent or Legal Guardian Information

Name of Parents or Legal Guardian: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Contact Number: \_\_\_\_\_ Secondary Number: \_\_\_\_\_

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

In case of emergency, we will contact the Primary contact number and then the secondary number (in that order). Are there any other numbers and persons whom you will want us to contact beyond those numbers?: \_\_\_\_\_

Contact the AIR Program at our  
Email address:  
[info@airprograms.org](mailto:info@airprograms.org)

The AIR Program does not discriminate based on sex, sexual orientation, color of skin, religious background, nor ethnic background. The AIR Program is a 501(c)(3) non-profit organization that is funded through public and private donations and grants.

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AIR Application P2

Are you participating in any other programs or after-school activities? If yes, please list: ☐ Yes ☐ No

What are your thoughts on College? \_\_\_\_\_

What type of profession do you see yourself working in as an adult and does it require higher education? \_\_\_\_\_

Have you discussed College requirements with a counselor, teacher or family members/etc? : \_\_\_\_\_

Has anyone in your immediate family ever attended college? ☐ Yes ☐ No

Please tell us about yourself. Include what your interests are and why; (ie: what your favorite subjects are and why; where you like to go on vacation and why, or anything that may say something about yourself). Use additional paper if needed.

This application is not complete without signature of your Parent or Legal Guardian, giving their permission for you , the applicant, to attend our mentoring/tutoring program. The AIR Program reserves the right to materials developed within the program itself, including research, video and photos for further use. By signing this application, the Applicant and Parent /Legal Guardian gives their consent to the AIR Program to use such materials within the scope of the program for present and future use. By signing this application, the Applicant and Parent/Legal Guardian understands the nature of this program and the current schedule and allows applicant to participate within those activities. All applicants will adhere to AIR Programs Rules/Guidelines posted in Student Guide.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

(Note: you may choose to bring your application with you to our first meeting)

To contact the AIR Program:  
Email: [info@airprograms.org](mailto:info@airprograms.org)



You can Email or send Applications to:  
AIR Programs  
PO Box 880471  
San Diego, CA 92168



## PARENTAL TRANSPORTATION NOTIFICATION, LIABILITY WAIVER, AND MEDICAL INFORMATION FORM

We, the parent or guardian of (Child's name): \_\_\_\_\_ permit our son/daughter to attend the (AIR Sr./Jr/Summer) at SDSU/USD/UCSD/other, being planned by the AIR Programs in accordance with our posted schedule at [www.airprograms.org](http://www.airprograms.org). The purpose of these trips are for inclusion of an academic after-school program for Native American Youth.

We, as parents/guardians of the undersigned minor(s), hereby consent and agree to hold harmless, the AIR Program, and any and all employees or volunteers thereof, for any accident, injury or occurrence arising out of, or in connection with the activity and our child's event arranged transportation necessary to participate in the aforementioned activity. We understand that our child will be assigned to ride with a licensed adult driver, driving a privately-owned automobile, or bus and that this assignment will be made by the aforementioned AIR Program along with partnered Tribal Education Center, as applicable.

I give my permission for my son/daughter, in case of an emergency, to be taken to a physician or hospital by either a parent or volunteer in charge or by AIR Program personnel. I understand that every effort will be made to contact me. If I cannot be reached, I hereby give permission to the physician selected by the AIR Program member in charge or adult chaperone(s) to secure proper treatment for my son/daughter.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE NOTE THAT PARENT(S)/GUARDIAN(S) MUST COMPLETE, SIGN AND DATE THIS DOCUMENT

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibilities for the health of my child. Initial: \_\_\_\_\_

MEDICATIONS: My son/daughter must take the following medications at times during the AIR Programs: List medications and dosage: \_\_\_\_\_

AIR Programs will take no responsibility for the administration of this medication in accordance with this waiver. If your child has special needs, please contact the AIR Program for individual arrangements.

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to the AIR Program, it's officers, directors and agents, and representatives, volunteers and employees of either our partnered agencies (example: Tribal Educational Centers) and chaperones or representatives associated with this event to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. Initial: \_\_\_\_\_

Parent/Guardian Name (Please Print): \_\_\_\_\_

Address: \_\_\_\_\_ City/Reservation/Town: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Secondary Phone (cell/work): \_\_\_\_\_

Name of an Alternative Contact: \_\_\_\_\_ (relation to family): \_\_\_\_\_

Alternative Contact's phone number: \_\_\_\_\_

In the event of an emergency, if you are unable to reach me at the above numbers, contact (**optional**):

FAMILY DOCTOR: \_\_\_\_\_ Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

FAMILY HEALTH PLAN CARRIER: \_\_\_\_\_

Insurance Policy Number: \_\_\_\_\_

AMERICAN INDIAN RECRUITMENT (AIR) PROGRAMS  
PO Box 880471  
San Diego CA, 92168  
[info@airprograms.org](mailto:info@airprograms.org)

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# Aztec Adventure-Team Challenge: ASSUMPTION OF RISK, WAIVER, AND RELEASE FROM LIABILITY

Group Name: \_\_\_\_\_

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

In consideration of the use of the property, facilities and/or services of **THE ASSOCIATED STUDENTS**, including any travel related thereto, the undersigned parent or guardian of \_\_\_\_\_ agrees as follows:

Participant's name

1. **RISK FACTORS.** The undersigned understands and acknowledges that the use of equipment and facilities provided by Associated Students and participation in the AS/SDSU Recreation Programs (Intramurals, Sports Clubs [extramurals], Sports, Weight and Cardiovascular training, Aztec Adventures, **Team Challenge & Ropes Course**, Climbing Wall, Dance, Wellness Activities, Aquatics, Sauna, and any other programs and services sponsored by A.S. Campus Recreation Department) involves risk such as, but not limited to, the following which might result from the use of the equipment or facilities, from the activity itself, from the acts of others or from the unavailability of emergency medical care: **RISK OF PROPERTY DAMAGE, BODILY INJURY, AND POSSIBLY DEATH.**
2. **ASSUMPTION OF RISK.** The undersigned **ASSUMES ALL RISKS WHICH ARE FORESEEABLE AND INVOLVED WITH OR ARISE OUT OF THE USE OF THE EQUIPMENT OR FACILITIES, THE ACTIVITY ITSELF, THE ACTS OF OTHERS, OR THE UNAVAILABILITY OF EMERGENCY CARE**, including but not limited to, those **RISK FACTORS** described in Section 1 above.
3. **ACKNOWLEDGEMENT OF POLICIES AND PROCEDURES.** The undersigned acknowledges reading and knowing all of the policies and procedures relating to the activities, facilities and/or equipment and understands that the safe and proper use of the facilities, equipment or participation in the activity is dependent upon carefully following such policies and procedures.
4. **PREREQUISITE SKILLS AND TRAINING.** The undersigned acknowledges that he or she has the requisite skills, qualifications, physical ability and training necessary to properly and safely use the equipment, facilities and to participate in the activity itself. The undersigned agrees that if he or she has any questions as to what skills, qualifications or training is necessary to properly use the equipment, facility, or participate in the activity itself, then they shall direct such questions to the appropriate Staff Member on site.  
**Items 1-4: Initials** \_\_\_\_\_
5. **RELEASE.** The undersigned **RELEASES** the State of California, trustees of the California State Universities, the San Diego State University, the Associated Students of San Diego State University and all of their officers, employees and agents and agrees **NOT TO SUE** them on account of or in conjunction with any claims, causes of action, injuries, damage, cost of expenses arising out of the activity, including those based on death, bodily injury or property damage whether or not caused by the negligence or other fault of the parties being released.
6. **WAIVER.** The undersigned waives the protection afforded by any statute or law in any jurisdiction including California Code 1542 whose purpose, substance and/or effect is to provide that a general release shall not extend to claims, material or otherwise which the person giving the release does not know or suspect to exist at the time of executing the release. This means, in part, that the undersigned is releasing unknown future claims.
7. **INDEMNIFY AND DEFEND.** The undersigned agrees to **INDEMNIFY AND DEFEND** the State of California, the trustees or the California State Universities, the San Diego State University, the Associated Students of San Diego State University and all of their officers, employees and agents (hereinafter jointly referred to as "indemnitee") against, and hold them harmless from the activity or this agreement and which include but are not limited to damages to or destruction of any property of the indemnitee of any others, injury or death to the undersigned or anyone else or any liability arising from the act or negligent act of the indemnitee, the undersigned or anyone else.  
**Items 5-7: Initials** \_\_\_\_\_
8. **PAY.** The undersigned agrees to pay for any and all damages to any property or indemnitee caused by the undersigned either negligently, willfully or otherwise.
9. **LEGAL FEES.** In the event of any controversy, claim or dispute between the parties arising out of or relating to this agreement or the breach hereof or the activity, the prevailing party shall be entitled to recover from the losing party reasonable expenses, attorney fees and costs.
10. **REPRESENTATIVES.** The undersigned enters into this agreement for him/herself, his/her heirs, assigns and legal representatives.
11. **EMERGENCY TREATMENT CONSENT:** The undersigned, as a participant in the subject activity, hereby consents to medical treatment in a medical emergency where the undersigned is unable to consent to such treatment.
12. **INSURANCE:** The undersigned understands the Campus Recreation Program does not carry participant insurance. The undersigned is encouraged to have a physical examination and purchase health insurance prior to any and all participation.  
**Items 8-12: Initials** \_\_\_\_\_
13. **ACKNOWLEDGMENT.** The undersigned has read and understands this agreement and realizes it relates to surrendering and releasing valuable legal rights and does so freely and voluntarily.  
**Item 13: Initials** \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_