



Health Promotion  
Disease Prevention



WINSLOW INDIAN HEALTH CARE CENTER

12th Annual

# Hózhóogo Iná Youth Wellness Conference

Ádaa Hą́áh Hasin bee Hózhóogo Iná

Know Your Limits, Stability, and Reflection Through the Beauty Way of Life



## REGISTRATION FORM

Complete registration form to attend. Email to [vera.john@wihcc.org](mailto:vera.john@wihcc.org) or fax to (928) 289-9764.

For more information, contact Louanna Benslow at (928) 289-9770.

First Name:		Last Name:	
Mailing Address:		City:	State:
Zip:			
<input type="checkbox"/> Home	Phone Number:	Emergency contact	
<input type="checkbox"/> Cell		Name:	Phone No.:
Age:	Grade:	School:	NHA Resident : YES No
			If yes which community?
1 <sup>st</sup> Clan:		2 <sup>nd</sup> Clan:	

Check the day(s) you plan to attend. If you decide not to attend after registering, please let us know, so other participants may register and attend.

### SITE(S) YOU PLAN TO ATTEND (PLACE CHECK MARK)

- Tuesday, June 13, 2017 at Jeddito Public School, Jeddito, Arizona
- Tuesday, June 20, 2017 at Dilcon Community School, Dilcon, Arizona

Please choose 1<sup>st</sup> and 2<sup>nd</sup> choice from the following hands-on activities below

by writing 1 or 2 to your choice:

1. Gardening\_\_\_\_\_ 2. Navajo Traditional Foods\_\_\_\_\_
3. Moccasin making\_\_\_\_\_ 4. Cradle Board\_\_\_\_\_

### WAIVER OF RESPONSIBILITY:

*In consideration of your direct or indirect acceptance of this entry, for myself, heirs, executors, or administrators, I hereby waive and release any and all rights and claims for damage I may have against sponsoring organizations or representatives for any and all injuries sustained by in any activity, including transportation to and from the site of such activity, related directly or indirectly to my participation of said activity. I hereby give my permission for the use and reproduction of video footage, photographs or audio recordings. I understand that any use of my image and/or voice will be for the purpose of health promotion at Winslow Indian Health Care Center. If person(s) photographed is/are minors, I attest that I am the parent or legal guardian and I give permission as outlined above.*

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date