REGISTRATION IS FREE! Registration ends on June 9 or when we reach 65 registrants.

June 26-30, 2017
PSU's Native American Student and Community Center
710 SW Jackson St., Portland, OR 97207

For Al/AN youth ages 13-19. Maximum of 4 youth and 2 chaperones per tribe or area. *This year adults 18 + must complete a background check (paid for by NPAIHB) - or - submit a letter from your organization/tribe which states that you have completed and passed a background check. Background checks MUST be completed & results (or letters from organizations/tribes) received by June 14th for admittance to the conference.

- *Please be sure the youth rank their preference for workshops so they are placed in a workshop they would like to be a part of.
- •Beats Lyrics Leaders (BLL): Explore your way through cultures and heritage with music! BLL staff will be utilizing storytelling and native instruments to enhance this experience and make it as informative, fun, educational, and experiential. BLL offers a hands-on approach to learning as they teach each participant, young and old, the ins-and-outs of beat making, lyric/songwriting, and recording. **Bring musical instruments if part of BLL
- •Digital Storytelling: This workshop includes: writing and revising a script; learning to use audio, video, and photo editing software; recording a voice-over; selecting photos and music, and putting all the elements together to complete the story and others in the future too. **Bring digital copies of pictures, music, art, songs and videos.
- •Science of Healthy Lifestyles: Meet Native professionals working in health and science fields, explore the amazing technology of the Oregon Health & Science University's Simulation Center, learn how translational research impacts health, meet scientists and health professionals, learn how alcohol impacts the brain, and more. Join us to see this work in action and learn about many aspects of healthy living. **Bring walking shoes.
- •We R Native Youth Ambassadors: Do you have the desire to create positive change in your community? Do you have creative ideas that you would like to share with your fellow Native youth? If yes, join the WRN team as a Youth Ambassador! You will get leadership training that will empower you to make a positive difference in your community. After the training, you will embark on a yearlong journey to help promote WRN, a multimedia health resource for Native teens and young adults, by traveling to other communities or hosting your own events. Give youth in your community a voice! Learn more about the Ambassadors Program>>

DONT FORGET:

- Lodging at the University Place Hotel group rate "THRIVE Conference" for \$89/night +tax for 2 or \$109 for 4. The room block deadline is May 30, 2017. For reservations call 866.845.4647. *Please note that parking is \$15 a night, and hot food buffet breakfast and wifi is included in the room rate. Additional hotels can be found in downtown Portland and near the Portland airport which can be reached by Max Train from the conference location.
- * Please bring cultural games, regalia, music, and activities to share during the cultural night.
- * Lunch and snacks will be provided Monday-Thursday. Breakfast and dinners are not included.

| * | 1. Primary Chaperone | Information *This year background checks are required for adults attending the conference. |
|---|------------------------------|--|
| | Name (Chaperone | |
| | Consent Form | |
| | Required): | |
| | T 11 (0 · (1 | |
| | Tribe/Organization: | |
| | Address | |
| | Address: | |
| | City/Town: | |
| | City/Town. | |
| | State: | |
| | otate. | |
| | ZIP: | |
| | | |
| | Email Address: | |
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| | Work Phone Number: | |
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| | Cell Phone Number: | |
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| | Adult T-Shirt Size: | |
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| | | (if attending) Chaperone Consent Form Required *This year background check are required |
| | for adults attending the con | ference. |
| | Name: | |
| | Name. | |
| | Email Address: | |
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| | Work Number: | |
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| | Cell Phone Number: | |
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| | Adult T-Shirt Size: | |
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| * 3. Youth 1 Information | | | | |
|---|---------------------------|----------------------------|--------------|---------------|
| Youth Name: | | | | |
| Youth Date of Birth (18+ background check required): | | | | |
| Youth Age: | | | | |
| Youth Tribal Affiliation: | | | | |
| Youth T-Shirt Size (Adult Sizing): | | | | |
| Parent/Guardian Name (Parent Permission Form Required): | | | | |
| Parent/Guardian Phone: | | | | |
| Parent/Guardian Email: | | | | |
| Youth Medical Insurance Carrier and ID Number: | | | | |
| Please List Any Allergies For The Youth: | | | | |
| Emergency Contact Name (Other than parent/guardian): | | | | |
| Emergency Contact Phone: | | | | |
| * 4. Which workshop track | would youth 1 like | e to participate in at the | conference: | |
| | First Choice | Second Choice | Third Choice | Fourth Choice |
| Digital Storytelling (Maximum 12-15 students) | | | 0 | |
| We R Native Youth Ambassador (Maximum 10-12 students) | \bigcirc | | | |
| Beats Lyrics Leaders (Maximum 25-30 students) | 0 | \circ | 0 | \circ |
| Science of Healthy Lifestyles (Maximum 12- 15 students) | \circ | \bigcirc | \circ | \circ |
| If selected Science of Healthy | Lifestyles, what health | field/career interest you? | | |
| | | | | |

| 5. Youth 2 Information | | | | |
|---|---------------------------|----------------------------|--------------|---------------|
| Youth Name: | | | | |
| Youth Date of Birth (18+ background check required): | | | | |
| Youth Age: | | | | |
| Youth Tribal Affiliation: | | | | |
| Youth T-Shirt Size (Adult Sizing): | | | | |
| Parent/Guardian Name (Parent Permission Form Required): | | | | |
| Parent/Guardian Phone: | | | | |
| Parent/Guardian Email: | | | | |
| Youth Medical Insurance Carrier and ID Number: | | | | |
| Please List Any Allergies For The Youth: | | | | |
| Emergency Contact Name (Other than parent/guardian): | | | | |
| Emergency Contact Phone: | | | | |
| 6. Which workshop track | would youth 2 like | e to participate in at the | conference: | |
| | First Choice | Second Choice | Third Choice | Fourth Choice |
| Digital Storytelling (Maximum 12-15 students) | 0 | | | |
| We R Native Youth Ambassador (Maximum 10-12 students) | \bigcirc | \bigcirc | | |
| Beats Lyrics Leaders (Maximum 25-30 students) | 0 | 0 | \circ | |
| Science of Healthy Lifestyles (Maximum 12- 15 students) | \circ | 0 | \circ | \circ |
| If selected Science of Healthy | Lifestyles, what health | field/career interest you? | | |

| 7. Youth 3 Information | | | | |
|---|---------------------------|---|-------------|---------------|
| Youth Name: | | | | |
| Youth Date of Birth (18+ background check required): | | | | |
| Youth Age: | | | | |
| Youth Tribal Affiliation: | | | | |
| Youth T-Shirt Size (Adult Sizing): | | | | |
| Parent/Guardian Name (Parent Permission Form Required): | | | | |
| Parent/Guardian Phone: | | | | |
| Parent/Guardian Email: | | | | |
| Youth Medical Insurance Carrier and ID Number: | | | | |
| Please List Any Allergies For The Youth: | | | | |
| Emergency Contact Name (Other than parent/guardian): | | | | |
| Emergency Contact Phone: | | | | |
| 8. Which workshop track | would youth 3 like | e to participate in at the Second Choice | conference: | Fourth Choice |
| Digital Storytelling (Maximum 12-15 students) | 0 | 0 | 0 | 0 |
| We R Native Youth Ambassador (Maximum 10-12 students) | \bigcirc | \circ | \circ | \bigcirc |
| Beats Lyrics Leaders (Maximum 25-30 students) | | \circ | 0 | 0 |
| Science of Healthy Lifestyles (Maximum 12- 15 students) | \bigcirc | \bigcirc | \circ | \bigcirc |
| If selected Science of Healthy | Lifestyles, what health | field/career interest you? | | |

| 9. Youth 4 Information | | | | |
|---|-------------------------|----------------------------|--------------|----------------|
| Youth Name: | | | | |
| Youth Date of Birth (18+ background check required): | | | | |
| Youth Age: | | | | |
| Youth Tribal Affiliation: | | | | |
| Youth T-Shirt Size (Adult Sizing): | | | | |
| Parent/Guardian Name (Parent Permission Form Required): | | | | |
| Parent/Guardian Phone: | | | | |
| Parent/Guardian Email: | | | | |
| Youth Medical Insurance Carrier and ID Number: | | | | |
| Please List Any Allergies For The Youth: | | | | |
| Emergency Contact Name (Other than parent/guardian): | | | | |
| Emergency Contact Phone: | | | | |
| 10. Which workshop trac | - | | | Founds Obsides |
| Digital Storytelling | First Choice | Second Choice | Third Choice | Fourth Choice |
| (Maximum 12-15 students) | | | | \circ |
| We R Native Youth Ambassador (Maximum 10-12 students) | \bigcirc | \bigcirc | \circ | |
| Beats Lyrics Leaders (Maximum 25-30 students) | 0 | 0 | 0 | \circ |
| Science of Healthy Lifestyles (Maximum 12- 15 students) | \bigcirc | \circ | \circ | \bigcirc |
| If selected Science of Healthy | Lifestyles, what health | field/career interest you? | | |
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| lease read the following carefully before submitting registration: Each youth and their parent/guardian must read and signa permission slip in order to attend the onference. Return to THRIVE staff by June 9th. Each chaperone (maximum of 2 chaperones per group) must read and signithe chaperone consent form order to bring youth to the conference. Return to THRIVE staff by June 9th. This year adults 18 + must complete a background check (paid for by NPAIHE) - or - submit a letter from our organization/tribe which states that you have completed and passed a background check. aackground checks MUST be completed & results (or letters from organizations/tribes) received by June 4th for admittance to the conference. Please download the forms and submit by June 9th to Celena McCray by fax (503-228-4801) or email emccray@npaihb.org). If you have any questions, please call at 503-416-3270. | 11. Please List Any Cultur | al Traditions or Tribal Games ⁻ | That You Would Like To | Share At The Conference: |
|---|----------------------------|--|--|----------------------------------|
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