



**Sokaogon Chippewa
Ishpaagoonika Deep Snow Camp
January 27th – January 29th, 2023
Pelican Lake**

INSTRUCTIONS: Complete all parts of this form. Parent’s signature is required if participant is under 18 years. Return to Cassandra Graikowski. cultural.activities@scc-nsn.gov or at the Rec Center.

NOTE: Full disclosure of your current health is required for participation.

GENERAL INFORMATION

Name:

Home Address:

(Street)

(City)

(State)

(Zip)

Date of Birth: ____/____/____

Tribal Affiliation: _____

EMERGENCY CONTACT INFORMATION

(must include two people with at least one phone number)

Name: _____

Cell: _____ Work: _____

2nd Contact

Name: _____

Cell: _____ Work: _____

CLINIC/HOSPITAL/INSURANCE INFORMATION

Clinic/Hospital Name: _____

Physician Name: _____

Physician Phone: _____

Insurance Company Name: _____

Policy # (optional): _____

HEALTH HISTORY

Height: _____ Weight: _____

Eyesight (circle one): glasses contacts none

ALLERGIES

(please check all that apply)

- Poison Ivy
- Bee stings
- Other insect stings/bites
- Penicillin
- Aspirin
- Any other medications (please list):
- Foods (please list):
- None

MEDICATIONS/SUPPLEMENTS

(include prescription and over-the-counter medications; feel free to attached a printed or typed list of medications/supplements instead. Please hand the medications to Camp Staff.)

Name: _____ Frequency and Dose: _____

Name: _____ Frequency and Dose: _____

Name: _____ Frequency and Dose: _____

- None

Are you under a physician care? ___Yes ___No

(If yes, please explain)

Do you have asthma? ___Yes ___No

(If yes, bring your inhaler)

Do you have any disabilities? Yes No
(If yes, please explain)

Did you have any recent injuries, illness or operations? Yes No
(If yes, please explain)

Do you have any diabetes, seizures or frequent fainting/dizziness? Yes No
(If yes, please explain)

Do you have any back, neck, or spine injury/pain? Yes No
(If yes, please explain)

Do you have any migraines or suffer from headaches? Yes No
(If yes, please explain)

Do you have a history of heart problems? Yes No
(If yes, please explain)

Are you pregnant? Yes No
(If yes, you cannot actively participate without written permission from your physician)

Please state the type of physical condition you are in:

Athletic Good Fair Poor

- **BRING YOUR EPI-PEN OR OTHER MEDICATIONS ALONG.**
- INDIVIDUALS SUFFERING FROM MUSCO-SKELETAL INJURIES OR CARDIOVASCULAR ILLNESS WILL NOT BE PERMITTED TO PARTICIPATE IN CERTAIN ACTIVITIES WITHOUT WRITTEN PERMISSIONS FROM THEIR PHYSICIAN.
- PLEASE INDICATE ANY OTHER HEALTH INFORMATION WE SHOULD KNOW TO PROVIDE YOU WITH A SAFE EXPERIENCE SUCH AS SPECIAL DIET REQUIREMENTS, PHYSICAL ACTIVITY RESTRICTIONS, ETC...

I certify that the information provided above is a complete and accurate statement of the physical factors which may affect my participation in the Sokaogon Chippewa Ishpaagoonika Deep Snow Camp. I realize that failure to disclose such information could result in harm to myself or my fellow participants. I agree to indemnify and hold the Sokaogon Chippewa staff and contractors as well as Great Lakes Indian Fish and Wildlife Commission, its staff and contractors harmless.

Participant Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

Medical Advice/Health Insurance:

In signing this document for participation in the Sokaogon Chippewa Cultural Camp program and activities, I authorize the instructor/facilitator of the event to secure such medical advice and services as deemed necessary for the health and safety for myself or my (son/daughter/ward). In the event of the need for medical advice and/or services for a participant, attempts will be made to contact the parent or guardian whenever possible. If the attempts are unsuccessful or where due to the nature of the emergency there is insufficient time to contact the Parent or guardian, the medical advice and/or services will be sought. I agree to accept financial responsibility for any such services where:

- The health and well-being of the applicant is involved.
- Medical advice has been such that further services are required.
- Benefits of my health insurance plan have been exhausted and additional loss of income and/or medical expenses are incurred.

Participant Initials Parent Initials

Signature of participant (minors must sign) Date

Signature of Parent / guardian Date

**If you need further explanation on any of the above statements, please ask for assistance or clarification.*

Participation Agreement:

By signing below, I signify that my child/ward agree to fully participate in all scheduled activities which can include but are not limited to ice fishing, snaring, filleting fish. We fully understand that a majority of the activities will take place outdoors, even in cold temperatures. We understand that harvesting fish will be messy and we will wear clothing appropriate for getting dirty. Sokaogon Chippewa will not be responsible for anything clothing or personal items damaged, stolen, lost or stained during camp.

Participant Initials Parent Initials

Risk/Dangers/Safety:

I am aware that participation in the Sokaogon Chippewa sponsored activities poses certain physical, mental, and emotional challenges. I acknowledge that certain risk and dangers exists in activities that take place in an outdoor setting where many of the programs are conducted. These risks include, but are not limited to, loss or damaged to personal property, injuries such as scrapes, cuts, bruises, and

through extremely rare more serious injuries due to events which are beyond control of the program or the facilitators. I understand that while the program and its staff will make every reasonable effort to minimize exposure to known risks, not all dangers, hazards and perils can be foreseen. I and my son/daughter/ward have a personal responsibility and duty to learn and follow all safety stands, guidelines, and procedures established by the instructor/facilitator and will make instructor/facilitator aware at any point during the activity in which I question my knowledge of these standards, guidelines, and produces, or my ability to participate.

Participant Initials Parent Initials

No Lice/No Nits Policy

No Lice/Nits Policy Head lice have reappeared over the past few years in schools and camps across the U.S. Self-contained communities like camps are especially vulnerable and must be vigilant to control this problem. We encourage you to have your child checked for head lice by a pediatrician **two weeks** prior to departure and again immediately before camp begins. If any sign of head lice is found, talk to your pediatrician to arrange for appropriate and immediate treatment well **BEFORE** your child leaves for camp and let us know that such treatment has taken place. If your child had head lice or was exposed to it (family member, friend, schoolmate, etc.) within four weeks of her arrival to camp, please notify us. We are committed to doing all we can to keep lice out of our community. *Please be aware! Having your pediatrician check for lice prior to arrival at camp is NOT always a guarantee, as there is a 3 to 7-day period of gestation during which the nits are invisible. If any positive cases of lice are found, parents will be notified and the child will be sent home. Parents are responsible for the travel arrangements if such an event occurs.

Participant Initials Parent Initials

Risk & Liability Consent:

I understand and assume all risks, dangers, hazards or perils associated with these programs and activities and waive all claims or causes of action arising from me or my son/daughter/ward participation in Sokaogon Chippewa activities and do by hereby release the Sokaogon Chippewa all persons and agents from liability which I may ever have against Sokaogon Chippewa, its successors and assigns, its officers, employees, volunteers, agents, and their heirs, executors and assigns. Furthermore, I give my consent to the instructor/facilitator or other medical personnel to treat me and my son/daughter/ward in a medical situation. My signature on this document is also intended to my successors, heirs, representatives, administrators and assigns.

Participant Initials Parent Initials

Drug & Alcohol Free /No Weapons:

I Understand that all Sokaogon Chippewa programs and activities are “Drug Free” and that no tobacco, alcohol or other illegal substances maybe be used or in possession during any Sokaogon Chippewa activity. I also acknowledge that any type of personal weapon/firearm or any materials that could cause damage or personal injury are strictly prohibited from Sokaogon Chippewa programs, activities, camps and offices. All weapons needed for activities will be supplied and inventoried by all of the instructors.

Participant Initials Parent Initials

Appropriate Clothing:

I understand that my son/daughter/ward will wear clothing that conveys positive and appropriate messages. They will also come prepared to be dressed for the winter weather. Clothing must fit and cover underwear and mid-drift areas should not be exposed.

Participant Initials Parent Initials

Photos/Videos/Publications:

I consent and authorize Sokaogon Chippewa to use, reuse and/or publish photographic and or video graphic material taken of me and or my son/daughter/ward while participating in activities sponsored by Sokaogon Chippewa. I understand that these photographs negatives, and or videotapes may be used in an educational setting, in professional publications and or conferences. I further understand that these materials can be used without limitation, reservation or compensation, other than the receipt hereby given. I further understand that my name, and or my son/daughter/ward name will be kept confidential.

Participant Initials Parent Initials

Packing List

Ishpaagoonika Deep Snow Camp

January 27th – January 29th, 2023

Pelican Lake

Camp will take place OUTDOORS at Pelican Lake and surrounding areas. In order to fully participate in all the events it is important you bring the following:

POSITIVE ATTITUDE

Old Clothes that can get dirty

Winter Gloves

Long johns/insulated under shirt

2 Pairs of comfortable pants

3 Pairs of warm socks (wool is great)

Winter Boots

Hair brush/toothbrush/toothpaste/toiletries

Winter Coat

Warm Hat

Snow pants

Sleeping bag, blanket, and pillow

Water bottle

Medications (Fill out Health Form)

Campers will be staying indoors at the Rec Center

Remember, we will spend the days outside ice fishing and participating in other various activities. It can be very cold, wet, and messy. Please be prepared to get messy and bring your OLD CLOTHES, COAT, BOOTS, and a CHANGE OF CLOTHES!!!!!!!!!!

Do NOT Bring to Camp:

Portable electronics of any kind, Headphones, CD's, DVD players, DVD's, tape players, tapes or electronic games. Derogatory or negative clothing, messages conduct, language lewd or indecent clothing will NOT be ACCEPTED!

Code of Conduct

1. I will respect all the adults that are participating in this Cultural Camp. I understand they are my elders and are looking out for my best interest.
2. I will respect all the tools and equipment provided to me by Sokaogon during this Cultural Camp, I understand this property is to be used for future camps.
3. I will respect all other participating peers during this Cultural Camp. I understand they are my brothers and sisters and are a vital part of keeping my culture and community thriving.
4. I will respect the entire camp by going to sleep at night when I am told. I understand that the entire camp needs a good night's rest to participate fully the following day.

By signing below, I signify that my child agrees to abide by all the described rules of respect for all person(s) and property by the Ishpaagoonika Deep Snow Camp and program staff, participate in all expected activities, meals, lights out and wake up times, and abide by all camp rules and regulations.

I, _____, the undersigned agree to follow the code listed above. I understand that failure to follow this code will result in my parents being contacted and immediate removal from the camp. I understand if I am removed during this camp, I may not be asked back to future camps.

Participant Signature _____ Date _____

Parent Signature _____ Date _____