



Aanii Participants and Parents,

The 2018 Anishinaabe Environment and Culture Camp will focus on natural resources, conservation, and environmental activities through promotion of stewardship of our Mother Earth. Focusing on hands-on, engaging opportunities to become acquainted with concepts based on environmental stewardship and will combine the Tribal Culture.

The indigenous Anishinaabe people have been teaching environmental protection and respect for thousands of years through a focus on sustainability for the next seven generations. This Camp will teach the scientific and technical aspects of the environment and form the connection between this knowledge and the cultural values of the Anishinaabe people.

Participants will learn to work as a team to address environmental issues and interact with agencies that regularly work as partners to achieve goals in the real world. Furthermore, the provided activities and lessons will give participants the knowledge and skills necessary to promote continued learning and encourage them to pursue a career where they will promote clean air, land and water for our future generations. This event is for youth who will be 12 years to 17 years old at the time of the camp.

### **Application and Scholarship Information**

The following Application and supporting documents must be fully filled out and returned Kathy Hart at the Saginaw Chippewa Tribal College (SCTC) or via email [Khart@sagchip.org](mailto:Khart@sagchip.org) . Camp space is limited so apply early. A complete application consists of:

- Application Form
- Camp Expectations and Commitment Form
- Essay Questions
- Authorization for Medical Treatment Form
- Accident Waiver and Release of Liability Form
- Photo/Audio/Video Release Form

The complete application packet will be reviewed, essays will be scored, and a decision of admittance will be decided by the camp team. If admitted the parent will receive a confirmation email through the “CONFIRMATION email address” provided on the Application Form. Upon acceptance, the full camp costs will be covered.

Miigwetch for your interest.

# Camp Policies and Information

## Application:

Completed Application packets can be returned to Kathy Hart at the Saginaw Chippewa Tribal College, 2274 Enterprise Dr., Mount Pleasant, MI 48858.

## Cancellations:

If your child cannot attend this Camp, please notify Kathy Hart at (989) 775-4123 as soon as possible.

## Arrival/Departure Times & Policy:

We will meet at NW corner of Tribal Operations Parking Lot at 9:30am on Monday, July 30, 2018, and will depart for the camp at 10am. We will return from camp at 6pm on Sunday, August 5, 2018 at 7<sup>th</sup> Generation. Your child will need to be picked up by 6:30pm or Tribal Police will be notified.

## Food/Drinks:

3 meals and a snack will be provided for participants each day. Please do not bring outside food for consideration of people with food allergies. Bring your own water bottle to stay hydrated (please label with your name).

## Items to Pack:

Water bottle (labeled with name)	Swim suit (appropriate for water sports)
Toiletries	Beach Towel
Clothes for 7 days & 6 nights (may get dirty) + Extra and Sweatshirt/Light Jacket (long skirts for girls and pants for boys for ceremony)	Water Shoes
Pajamas	Sunglasses
Closed-toed, comfortable walking shoes (2 pair)	Sunscreen
Bathing Towel & Wash Cloths	Chap stick
Additional Bedding	Mosquito Repellant
Prescription Medications*	Flashlight

## Things Not to Bring:

Weapons	Explosives (including fireworks)
Illegal Items	Drugs, tobacco, e-cigs, or alcohol
Game systems, tablets, and related unnecessary electronics	Any other items that may distract from the purpose of this camp

\* Prescription medication must be in its original container with an accurate pharmacy label indicating camper's name, medical provider, dose and timing. Send only the amount of medications the child might need while at Camp.

\* Place all necessary medications (including over the counter medications) in a locked bag labeled with the Camper's name. Give to the Camp staff at drop off.

## Visitor & Security Policy:

For the security of the campers, all camps are closed to visitors who are not registered Campers or approved Camp or Program staff. This includes family members, relatives, and friends. For the security of all campers, applicants on the sex offender registry will be precluded from attending.

## Transportation Policy:

Your child will be required to ride with the Camp staff to the Camp. All transportation during this youth camp will be provided by camp staff (who are SCIT employees). All drivers of vehicles will be appropriately licensed. Transportation will be done in Tribally (SCIT) owned vehicles that are in good condition and considered safe.

**Safety Hazards:**

Participants will be in contact with potentially dangerous equipment/tools including but not limited to: archery equipment, axe, draw knife, pocket knife, scissors, awl, sharp wood carving tools, wood burning tools, needles, or other sharp tools used for making the arts and crafts (safety will be of top priority).

**Wellness Policy:**

All campers should be free of the following symptoms for at least 24 hours prior to start of the Camp: fever of 100 degrees or more, vomiting, diarrhea, contagious skin infection, or lice. Campers with these symptoms will need to return home. In the event of injury or illness, parents will be notified and are expected to come and pick up their camper.

**Daily Schedule (tentative, subject to change as needed):**

Monday:	<b>9:30am</b>	<b>Meet at Tribal Operations Parking Lot</b>
	10:00am	Leave Tribal Operations Parking Lot
	12:00pm – 1:00pm	Lunch/Orientation (provided on site)
	1:00pm – 5:00pm	Afternoon Session
	5:30pm – 6:30pm	Dinner (provided on site)
	6:30pm – 9:00pm	Evening Activities
	10:00pm	Quiet Time
	11:00pm	Lights Out
Tuesday – Saturday:	7:30am	Wake up
	8:00am – 9:00am	Breakfast
	9:00am – 12:00pm	Morning Sessions
	12:00pm – 1:00 pm	Lunch (provided on site)
	1pm – 5:00pm	Afternoon Session
	5:30pm – 6:30pm	Dinner (provided on site)
	6:30pm – 9:00pm	Evening Activities
	10:00pm	Quiet Time
	11:00pm	Lights Out
Sunday:	7:30am	Wake up
	8:00 – 9:00am	Breakfast
	9:00am – 12:00pm	Morning Sessions
	12:00pm – 1:00pm	Lunch (provided on site)
	1:00pm	Depart Camp
	2:00pm – 4:00pm	Activities at Chippewa Nature Center (Midland)
	4:00pm	Travel to 7 <sup>th</sup> Generation
	5:00pm – 6:00pm	Activities 7 <sup>th</sup> Generation
	<b>6:00pm</b>	<b>Return/Pick-up at 7<sup>th</sup> Generation</b>

# Anishinaabe Environment and Culture Camp Application Form

## Participant Information

Last Name	First Name	Age	Date of Birth	M/F
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<b>Tribal Affiliation:</b>	SCIT Member	SCIT Descendant	Other(specify)
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Address

**CONFIRMATION Email Address** (Used for admittance info as well as camp announcements)

<b>Parent/Guardian</b>	<b>Full Address</b> (incl city, state, zip)
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<b>Contact Number(s)</b>	<b>Email Address</b>
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<b>Emergency Contact Person</b> (in the event parent/guardian cannot be reached)	<b>Emergency Contact Number</b>
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<b>Parent/Guardian 2</b>	<b>Full Address</b> (incl city, state, zip)
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<b>Contact Number(s)</b>	<b>Email Address</b>
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<b>Emergency Contact Person</b> (in the event parent/guardian cannot be reached)	<b>Emergency Contact Number</b>
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### **Release of Child**

(list of individuals the child can be released to, list the child if the child will be responsible to get themselves home)

### **Swimming Proficiency**

Can your child swim on their own in a river/lake/other outdoor waterway?      **YES**      Or      **NO**

**By signing below I acknowledge that I have reviewed and understand the above Camp Policies and Information, and agree to the terms stated.**

Parent/Guardian Signature

Date

## Camp Expectations & Commitment Form

**Participant Name:** \_\_\_\_\_

Participants and parents please review the following camp expectations. Ensure that you and your child understand the expectations and commit to following these throughout the duration of the camp. Failure to follow the expectations may result in disciplinary action including dismissal from the camp.

**Participants will:**

1. Actively participate both mentally and physically in all sessions and activities of the camp.
2. Respect (through both words and actions) other participants, presenters, and staff, including their needs, ideas, feelings, time, and property.
3. Give the camp staff and presenters their full attention by NOT engaging in the use of their phones (there will be breaks for this activity).
4. Follow the directions of the camp staff and presenters.
5. Use all equipment and tools only for their intended purposes.
6. Ensure clothing is appropriate for the weather and not display inappropriate gestures, slogans, or images.
7. Maintain language and decorum that is appropriate of an educational environment.

**Participants will NOT:**

1. Use physical violence (hitting, pushing, fighting, etc.), threats, or intimidating language or other behaviors that are disruptive or unlawful.
2. Bring any illegal or prohibited items including but not limited to: weapons, alcohol, drugs, tobacco, fireworks, gaming systems, or medications (that are not giving to camp staff by parents).
3. Use profanity.
4. Engage in any behavior that is sexually inappropriate, threatening, or harassing.
5. Vandalize or damage any Tribal or camp property.

**Disciplinary procedures include: (1) verbal warning and positive redirection, (2) written corrective action plan, (3) parental notification, and (4) possible dismissal from camp. Extreme disruptions will require immediate pick-up by parent or guardian. There will be ZERO tolerance concerning physical or verbal violence, illegal and prohibited substances, and sexually inappropriate activities.**

**By signing below I acknowledge that I understand the above expectations and I pledge to conduct myself in a manner that will bring honor to myself, my family, and my community.**

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

**By signing below I acknowledge that I have reviewed the above expectations with my child. I understand that if my child violates the behavior form, they may need to be picked up at the Ralph A. McMullen Conference Center. I understand that Tribal Police will be notified if my child is not picked up by 6:30 on Friday, August 18.**

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

\_\_\_\_\_  
Date

## **Anishinaabe Environment and Culture Camp Student Essay Page**

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

Please limit answer to 200-250 words per question. Please use the space below to write your answer to the questions, attach additional pages if necessary (ensure your name is on the additional sheet).

**Essay Question 1: Please share with us your interest in learning about the environment and its relationship to your culture?**

**Essay Question 2: How do you plan to use the knowledge you will receive during this camp and incorporate that into your family or community?**

# AUTHORIZATION FOR PURPOSE OF PROVIDING MEDICAL TREATMENT



2274 Enterprise Drive Mt. Pleasant MI 48858

Your son/daughter will be involved in a Saginaw Chippewa Tribal College and Saginaw Chippewa Indian Tribe program. We are asking you to complete this form to give an appropriate medical facility permission to treat him/her for minor injury or medical problems. In the event of serious injury or illness, you will be contacted; treatment will proceed before contacting you only if the situation is urgent and does not permit delay.

**Program:**

**Dates Attending:**

Child's Name	Address	Date of Birth	Phone
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Primary Care Physician	Address	Phone
Information Needed About Child	YES NO	If Yes, Indicate Below

IS there any chronic problem or illness?

IS there any acute illness now present?

HAS the child been treated recently for some medical problem?

ARE there any allergies to medication or local anesthesia?

LIST all medications now being taken for treatment of any medical problem:

LIST all allergies (include dietary needs):

DATE of most recent Tetanus Shot:

## Health Insurance Information

Policy Holder's Name:

Relationship to Patient:

Name and Address of Insurance Company:

List ALL Policy Numbers (please identify):

HMO Emergency Treatment Authorization Number:

Name and Address of Employer:

I, \_\_\_\_\_ as parent/legal guardian of, \_\_\_\_\_ Do hereby authorize \_\_\_\_\_ to seek any medical and/or surgical treatment necessary for the care of my child.

The above-designated Program Director is hereby authorized to incur medical costs necessary to provide medical treatment for said child, for which I shall be fully responsible. I also authorize the medical facility to release any and all information required to complete insurance claims and also authorize insurance payment directly to the medical facility.

Signature

Date

Relationship to Child

Daytime/Work EMERGENCY PHONE NUMBER

Home Address



## ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH the Saginaw Chippewa Indian Tribe (SCIT) and the Saginaw Chippewa Tribal College (SCTC) Tribal Environment and Culture Camp, including by way of example and not limitation, any risks that may arise from greater than ordinary negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that there are no health-related reasons or problems which preclude my participation in this activity.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which I may participate, and that it will govern my actions and responsibilities at said activity.

In consideration of my application and permitting me to participate in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the greater than ordinary negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS: The Saginaw Chippewa Tribal College, the Saginaw Chippewa Indian Tribe and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers;

(B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

I acknowledge that SCTC and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

\_\_\_\_\_  
Participant's Name

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date



Saginaw Chippewa Tribal College and Saginaw Chippewa Indian Tribe



Photo/Audio/Video Release

I authorize the Saginaw Chippewa Indian Tribe (SCIT) and the Saginaw Chippewa Tribal College (SCTC) to record and photograph my image and/or voice (or that of my minor child named below) and give SCIT/SCTC and all persons or entities acting pursuant to SCIT/SCTC's permission or authority, all rights to use these recorded images. I understand that said images will be used for educational, advertising, and promotional purposes in all conventional and electronic media, and any future media. I also authorize the use of any printed materials in connection therewith. I understand and agree that these audio, video, film and/or print images may be edited, duplicated, distributed, reproduced, broadcast and/or reformatted in any form and manner without payment of fees or liability, in perpetuity.

Child's Legal Name: \_\_\_\_\_  
(Please print)

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