



**Saginaw Chippewa Indian Tribe**  
Department of Recreation  
**Future Leaders Program**  
Tribal Operations Eagles Nest Gym  
7070 E. Broadway Mount Pleasant MI, 48858



**Application for Admission**  
**Peer Mentoring 7<sup>th</sup> – 12<sup>th</sup> Grade**

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Dear Parents & Guardians:

This 2016 -2017 School Year, the SCIT Recreation Department is going to try something new. We are developing a Peer Mentoring Program for our middle school and high school students. They will be called Youth Mentors. This is for students who want to help out in the Future Leaders Program. They must show leadership skills, and the ability to mentor students who are in grades K-6. They can help in many different areas such as Gym Activities, Lounge Activities, Homework Lab, and Kitchen.

Our goal is to increase opportunities for our youth to try new experiences and to encourage them to take part in activities together, supporting one another and in particular for our youth mentors to learn valuable leadership skills. Our Department looks forward to becoming part of your child extended family. Our Youth Mentors will be rewarded with No registration Fees for the MEAL Plan, and incentive gifts for every one month of successful completion.

Thank you for selecting the Future Leaders Program as your choice to educate your child in a structure afterschool program focusing on leadership skills. This is a responsibility that SCIT Recreation Staff take seriously. The check-off list on the next page can be used as a guide for completing this application.

**Falsification or withholding any information in this application will be grounds for non-acceptance or revocation of your child's admission.**

Make sure **ALL** necessary copies of documents are attached. Incomplete application packages will not be reviewed. The Recreation staff will review and notify each applicant by mail or phone as to the status of his or her application. Complete application packages will be reviewed in order of submission.

Sincerely,

David Merrill Jr. - *Youth & Family Recreation Specialist*



**Saginaw Chippewa Indian Tribe of Michigan**  
*“Working Together for Our Future”*

7070 E. Broadway  
Mount Pleasant, MI 48858  
989-775-4000  
[www.sagchip.org](http://www.sagchip.org)

**Dates and info:** Registration is from August 26, 2016 to September 16th, 2016; The SCIT Future Leaders Program will be starting August 29th, 2016 and will run through the school year (excluding school cancellations, breaks holidays and all tribal operation closures). There will be no registration Fee for Youth Mentors. Snacks and refreshments will be available for the youth daily in the tribal community kitchen. All youth are welcome to any activities and services available in the Eagles nest. This includes Homework lab, Tribal Library, Gym, Weight Room and the Lounge.

The program will run from 3:00 pm-5:00pm on regular full school days, all children must be signed out by 5:30 pm. The program will not run on half days or early outs; there will be scheduled activities for the participants who check in for the day. To ensure the safety of the children enrolled in the program, all children in the Waa-ne-nii-gaan-gab-wi-jik program must be signed out.

### Student Enrollment Application

1	Cover Letter
2	Check List
3-5	Student Enrollment Application
6	Liability Waiver Statement & Medical Consent
7	Legal Custody Form
8	Student Checkout Policy
9-10	Student Policies
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RECREATION MUST HAVE A COPY THE FOLLOWING TO REVIEW THE APPLICATION:

- Tribal Enrollment (Tribal ID or Employee ID) for Tribal Members, Descendants, SCIT Tribal Employee Families
- Copy of birth certificate
- Copy of medical insurance card (front and back) – if student is covered
- Court documents for legal custody for parent or legal guardian

## ENROLLMENT SURVEY

**Name of school: Please circle**

<p style="text-align: center;">Mount Pleasant Public Schools</p> <ul style="list-style-type: none"> <li><input type="radio"/> Mount Pleasant High School</li> <li><input type="radio"/> Oasis/WAY Program</li> <li><input type="radio"/> Western Intermediate</li> </ul>	<p style="text-align: center;">Shepard Public Schools</p> <ul style="list-style-type: none"> <li><input type="radio"/> SHEPHERD HIGH SCHOOL</li> <li><input type="radio"/> SHEPHERD MIDDLE SCHOOL</li> </ul>
<ul style="list-style-type: none"> <li><input type="radio"/> Renaissance Public School Academy</li> <li><input type="radio"/> Renaissance Academy</li> </ul>	<ul style="list-style-type: none"> <li><input type="radio"/> Other _____</li> </ul>

### Grade & Favorite Teacher

Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

### Organized Sports

Currently participating in:	Interested in:
Baseball	Baseball
Basketball	Basketball
Bowling	Bowling
Cross Country	Cross Country
Football	Football
Golf	Golf
Hockey	Hockey
Ski	Ski
Soccer	Soccer
Softball	Softball
Swimming	Swimming
Tennis	Tennis
Track	Track
Volleyball	Volleyball
Wresting	Wresting
Other _____	Other _____

### Why are you interested in becoming a Youth Mentor?

## STUDENT INFORMATION

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

Home Phone: ( ) \_\_\_\_\_ Student Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Do you live with: (circle) Mother      Father      Legal Guardian/Other

Gender: (circle) Male Female Tribal Affiliation: \_\_\_\_\_

Tribal Agency: \_\_\_\_\_ Enrollment Number: \_\_\_\_\_

## PARENT OR LEGAL GUARDIAN INFORMATION

Father's Name: \_\_\_\_\_ Tribal Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Father's Work Phone: ( ) \_\_\_\_\_ Father's Cell Phone: ( ) \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Tribal Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother's Work Phone: ( ) \_\_\_\_\_ Mother's Cell Phone: ( ) \_\_\_\_\_

Legal Guardian (if not parent):  
\_\_\_\_\_

***If you are the court appointed custodial parent, you must attach appropriate documentation. If the student does not live with either parent or is***

***A ward of the court, attach documentation and provide information on the person(s) responsible for the applicant who will be the primary***

***Contact person. A student may not list himself/herself as guardian even if he/she is 18 years of age or older.***

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Guardian's Work Phone: ( ) \_\_\_\_\_ Guardian's Cell Phone: ( ) \_\_\_\_\_

# EMERGENCY CONTACT

## INFORMATION (other than listed guardian)

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## HEALTH INFORMATION

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Medication(s) being taken by child:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physical conditions: (allergies, diabetes, ect.)

\_\_\_\_\_  
\_\_\_\_\_

Insurance Information- Policy Holder Name \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy # \_\_\_\_\_

Group # \_\_\_\_\_

## Signature

**I am legally responsible for this student and hereby apply for his/her admission to the Future Leaders Program. I understand that the program may request additional information before the student is admitted.**

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

**Failure to provide inclusive and accurate information may result in immediate dismissal from the Future Leaders Program.**

# Saginaw Chippewa Indian Tribe Recreation Department

## Liability Waiver Statement & Medical Consent

The undersigned, in participating in athletics or trips with the Saginaw Chippewa Indian Tribe, does so at his/her own risk. Saginaw Chippewa Indian Tribe, their employees, and agents shall not be liable to the undersigned, his/her heirs, executors, administrators, or assigns for any damage arising from personal injuries or death sustained by the undersigned during his or her participation from any cause whatsoever. Signing this form indicates your recognition and understanding of the responsibilities and hazards inherent in your participation. My child has been seen by a doctor and was determined to be healthy enough for competitive competition. Should injury occur during participation staff will make arrangements for emergency transportation. In the event reasonable attempts to contact me at the emergency numbers listed below have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by a licensed physician or medical personnel; (2) the transfer of the child to hospital for treatment. I understand I am responsible for financial obligations incurred.

**Please confirm with your signature that you have read this information, that you understand your responsibility as a participant, and that you assume all risks incidental to the Saginaw Chippewa Indian Tribe.**

I hereby give permission for my child, \_\_\_\_\_, to participate in athletic events and trips with the Saginaw Chippewa Indian Tribe.

\_\_\_\_\_  
DATE

X

Print Parent Name

PARENT OR LEGAL GUARDIAN SIGNATURE

### LEGAL CUSTODY INFORMATION

Applications returned without this documentation will NOT be evaluated for admission.

1. Is the student currently a ward of the court or in state custody? Yes  No

\*If yes, please provide copies of the custody documents.

I, \_\_\_\_\_, have legal custody of \_\_\_\_\_ as set forth by  
(Print Parent/Guardian Name) (Print Student Name)

(circle one)

**Birth Certificate**

**Divorce Decree**

**Tribal Court Order**

*Please attach a copy of the above named document and return with the application.*

Is there a restraining order in place? Yes  No

If yes, please give name of the person:

*Please attach a copy of the above named document and return with the application.*

I, the parent/legal guardian of the above student hereby certify that the information provided is true and accurate to the best of my knowledge and I understand that SCIT Recreation will verify all information.

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

## STUDENT PICK UP/CHECK OUT POLICY

Saginaw Chippewa Indian Tribe Recreation Department, policy prohibits students from leaving the Future Leaders Program with anyone other than the parent/guardian unless written consent is on file, and only under the following conditions:

- A student may be released only to individuals who are 18 years or older with written parental/guardian permission.**
- Students will not be released to anyone under the influence of drugs or alcohol.**
- Recreation staff and management may also choose not to release students when other conditions warrant.**

Individuals wishing to check out a student must appear at the front desk and follow the school's checkout procedures. The person will be asked to present photo identification for identification purposes.

Pickup from anyone that's not on the list must be prearranged with the Saginaw Chippewa Recreation Office located above the tribal gym. There is a fifteen minute grace period for the student to be picked up. If the student is not picked up by 5:45pm and all contacts have been tried with no success, then the student will be taken to Saginaw Chippewa Tribal Police. If this occurs more than twice in a week, without a legitimate excuse than the student will be dismissed from the program.

Please list people who you authorize to pick up your child/children, from the Future Leaders Program.

1. Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Relationship to Student: \_\_\_\_\_
2. Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Relationship to Student: \_\_\_\_\_
3. Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Relationship to Student: \_\_\_\_\_

Legal guardians do have the option to allow their child (**13 and older**) to sign themselves out of the program by signing and checking the box below:

**I give my child permission to sign his/her self out of the Future Leaders program.**

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



Students will be required to sign in each day upon arrival. Once a student arrives at the Eagle's Nest, they must be signed out by a legal guardian or designated pick up person listed above in the student pick up/check out policy. Legal guardians do have the option to allow their child (**13 and older**) to sign themselves out of the program. If the student chooses to leave on their own without permission the Tribal Police will be notified, the legal guardian will be notified, and the student will not be eligible to return to the Future Leaders Program for one week. If your child does not attend school or gets sent home from school for any reason, ill, bad behavior, suspended from school, etc., your child is not allowed to attend the Future Leaders Program that day as well.

## **BEHAVIOR POLICY**

**NEGATIVE VERBAL BEHAVIOR** or Inappropriate Language will result in the following consequences.

1<sup>st</sup> Infraction – Verbal Warning

2<sup>nd</sup> Infraction – A Legal Guardian will be called. The student may return on the next scheduled program day.

\*If the 2<sup>nd</sup> infraction occurs on a field trip, the child will not be able to attend the next scheduled field trip.

3<sup>rd</sup> Infraction – Dismissal from the program. (1<sup>st</sup> half of the year/2<sup>nd</sup> half of the year)

If the student plans attending the program again, a behavior plan will have to be developed and a meeting will have to take place between the Legal Guardian & Youth Activities Recreation Manager before the student will be allowed to attend the next semester.

### **NEGATIVE PHYSICAL BEHAVIOR**

1<sup>st</sup> Infraction – if the incident is witnessed by a staff member, a Legal Guardian will be called to pick up the student from the program. The Student is welcome to return after five (5) scheduled days. If the incident occurs on a trip, the student is welcome to return after five (5) scheduled program days and the student will not be eligible for the next scheduled trip.

2<sup>nd</sup> Infraction – Dismissal from the program.

## **BULLYING NO TOLERANCE POLICY**

Bullying of any kind will not be tolerated in our facility. If a bullying incident occurs, all parties involved Legal Guardians' will be called so that it is quickly resolved. The guilty perpetrator will be dismissed from the program. Counseling would be suggested to all involved.

Definition of Bullying is the use of force or coercion to abuse or intimidate others. The behavior can be habitual and involve an imbalance of social or physical power. It can include verbal harassment or threat, physical assault or coercion and may be directed repeatedly towards particular victims, perhaps on grounds of class, race, religion, gender, sexuality, appearance, behavior, or ability. If bullying is done by a group, it is called mobbing. The victim of bullying is sometimes referred to as a "target".

Bullying can be defined in many different ways. Bullying consists of four basic types of abuse – emotional (sometimes called relational), verbal, physical, and cyber. It typically involves subtle methods of coercion such as intimidation.

Bullying ranges from simple one-on-one bullying to more complex bullying in which the bully may have one or more "lieutenants" who may seem to be willing to assist the primary bully in his or her bullying activities. Bullying in school and the workplace is also referred to as peer abuse.

A bullying culture can develop in any context in which human beings interact with each other. This includes school, family, the workplace, home, and neighborhoods.

## **ALCOHOL/DRUGS POLICY**

This is an alcohol and drug free facility. If anyone is caught with alcohol or drugs, the Tribal Police will be notified immediately, followed by a phone call to a Legal Guardian. This will result in an immediate dismissal from the afterschool program.

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

*These rules are to ensure the safety and integrity of all participants involved with the Waa-ne-nii-gaan-gab-wi-jik Program. The Policy's will be enforced so that all participants can enjoy the program. If you have any questions, concerns, or need further explanation of these rules please contact Lucas Sprague Recreation Manager at [LuSprague@Sagchip.org](mailto:LuSprague@Sagchip.org)*

**USING IMAGES OF CHILDREN**

**CONSENT FORM FOR USE BY SCIT RECREATION DEPARTMENT**

**Parent/Guardian Information:**

Name: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_  
\_\_\_\_\_

Cell: \_\_\_\_\_ E Mail: \_\_\_\_\_

**Name of child:** \_\_\_\_\_

Occasionally, we may take photographs of the children at our facility. We may use these images in printed publications that we produce, as well as on our website or on project display boards at our facility. We may also make video or webcam recordings for department conferences, monitoring or other educational use.

From time to time, our facility may be visited by the media who will take photographs or film footage of a visiting dignitary or other high profile event. Pupils will often appear in these images, which may appear in local or national newspapers, or on televised networks.

To comply with Data Protection Act 1998, we need your permission before we can photograph or make any recordings of your child for promotional purposes. Please answer questions 1 to 4 below, then sign and date the form where shown.

Please return the completed form to the Saginaw Chippewa Recreation Department as soon as possible.

**Please circle your answer**

- 1. May we use your child’s photograph in the printed publications that we for promotional purposes or on project display boards? Yes / No
- 2. May we use your child’s image on our website? Yes / No
- 3. May we record your child’s image on video or webcam? Yes / No
- 4. Are you happy for your child to appear in the media? Yes / No

Please also note that the conditions for use of these photographs are on the attached form.

I have read and understood the conditions of use.

**Parent’s/Guardian’s signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
\_\_\_\_\_

**CONDITIONS OF IMAGE USE:**

1. This form is valid for one year from the date you sign it. The consent will automatically expire after this time.
2. We will not use the personal details or full names (which means first name and surname) of any child or adult in a photographic image or video, on our website, in any of our printed publications without good reason. For example, we may include the full name of a child in a newsletter to parents if the child has won an award.
3. If we name a child in the text, we will not use a photograph of that child to accompany the article without good reason.
4. We will not include personal e-mail or postal addresses, or telephone fax numbers on video, on our website, in printed publications.

This is to ensure the privacy and identity theft, of anyone involved.

**Thank you for enrolling your child in the  
Waa-ne-nii-gaan-gab-wi-jik “Future Leaders” program!  
Below you will find important information regarding the new program.**

- The program runs from 3pm-5pm on regular full school days. You will have until 5:30pm to sign-out and pick up your child if they have not been giving signed permission to sign themselves out. But know that no activities will be held after 5pm so your child will be waiting at the pick-up door located on the North-West Entrance of the Gym.
- **Closed days:**
  - The program is not open on Saturday’s and Sunday’s.
  - We follow the Tribal Operations calendar (Not school calendar). If Tribal Operations is closed then so are we, this includes weather related closings. Please refer to the Tribal Ops Holiday schedule for closed days.
- **Snack:**
  - A healthy free snack will be provided daily to the kids. Such as a banana or apple.

**If you have any questions please contact:**

**Lucas Sprague  
LuSprague@sagchip.org**

**Or**

**Recreation Staff  
RECREATION@Sagchip.org**

