



Aanii Participants and Parents,

The Saginaw Chippewa Tribal College Extension through a USDA National Institute of Food and Agriculture grant and in collaboration with the Ziibiwing Center and 7th Generation is excited to bring the community youth an opportunity to participate in the Anishinabe Wearable Arts Camp. On days 1 - 4 participants will make wearable art pieces with the expert guidance from four Anishnaabe Master Artists. The last day will consist of finishing up projects, getting ready for the fashion show, and will conclude with a Fashion Show at the People's Powwow grounds at 7th Generation.

This event is for youth who will be 12 years to 17 years old at the time of the camp.

The following registration and supporting documents must be fully filled out and returned to Shuna Stevens, (SCTC East Building, 2250 Enterprise Dr., Mt. Pleasant, MI 48858, 775-4123). Only the first 20 fully registered youth will be accepted to participate, we will have a waiting list (first come first serve) in case of cancelation. The following is a list of what is needed for registration:

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

After all of the above is turned in, then a confirmation email will be sent to the "CONFIRMATION email address" provided on the Registration Form informing the participant or participant parent of the status of their registration (accepted or waitlisted).

Miigwetch for your interest.

Camp Policies and Information

Registration:

Completed Registration packets can be returned to Shuna Stevens at the Saginaw Chippewa Tribal College, 2274 Enterprise Dr., Mount Pleasant, MI 48858.

Cancellations:

If your child cannot attend this Camp, please notify Shuna Stevens at (989) 317-4760 ext: 235 as soon as possible.

Arrival/Departure Times & Policy:

It is important for the participant to be on time and ready to participate at the start of each day, as well as be present all day and every day of the camp in order for the participant to be successful in the camp goals.

The Camp will be located at Ziibiwing Center (6650 E. Broadway, Mt. Pleasant, MI 48858) and the Fashion Show will take place at Elijah Elk Cultural Center/ 7th Generation (7957 E. Remus, Mt. Pleasant, MI 48858).

Drop-off time will be 9:45 – 10 am

Pick-up time will be 5 – 5:15pm

Food/Drinks:

Lunch and an afternoon snack will be provided for participants each day.

You may want to bring your own water bottle each day to stay hydrated (please label with your name).

Hor 'dourves will be served at the Fashion Show on the last day of the camp. Families are invited and encouraged to attend. The Fashion Show will be open to the public.

Transportation Policy:

Any and all transportation during this youth camp will be provided by camp staff (who are SCIT/SCTC employees) unless the youth drive themselves. All staff 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: scissors, awl, sharp leather tools, needles, sewing machines, or other sharp tools used for making the arts and crafts (safety will be of top priority).

Sick Day 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 (subject to change):

| | | |
|--------------------|---------------|----------------------|
| Monday – Thursday: | 9:45am – 10am | Drop-off |
| | 10am – 12pm | Art Workshop Session |

| | |
|--------------|--------------------------|
| 12pm – 1 pm | Lunch (provided on site) |
| 1pm – 3pm | Art Workshop Session |
| 3pm – 3:30pm | Snack (provided on site) |
| 3:30pm – 5pm | Art Workshop Session |
| 5pm – 5:15pm | Pick-up |

Friday:

| | |
|---------------|--------------------------------|
| 9:45am – 10am | Drop-off |
| 10am – 12pm | Finish any unfinished projects |
| 12pm – 1pm | Lunch (provided on site) |
| 1pm – 5pm | Fashion Show Set up |
| 5pm – 7pm | Reception and Fashion Show |

Anishinaabe Wearable Arts Camp Registration Form

Participant Information

Last Name: _____ First Name: _____ Age: _____

DOB: _____ M/F: _____ Tribal Affiliation: _____

Address:

CONFIRMATION Email Address:

(this email will be used for admittance notification, as well as important camp announcements)

| | |
|---|---|
| Parent/Guardian: | Parent/Guardian 2: |
| Address: | Address: |
| City/State/Zip: | City/State/Zip: |
| Contact Phone Number(s): | Contact Phone Number(s): |
| Email Address: | Email Address: |
| Emergency Contact Person (in the event parent/guardian cannot be reached): | Emergency Contact Person (in the event parent/guardian cannot be reached): |
| Emergency Contact Number: | Emergency Contact Number: |
| Child Pick-up List (list of individuals the child can be released to, list the child if the child will be responsible to get themselves home): | |
| | |

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

Parent/Guardian Signature

Date

MEDICAL TREATMENT/FIRST AID AUTHORIZATION FORM

Your son/daughter will be involved in a Saginaw Chippewa Tribal College and Saginaw Chippewa Indian Tribe program called the Anishinaabe Wearable Arts Camp from August 21-25, 2017. You are required to complete this form to authorize camp staff and/or medical personnel 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.

| | |
|--------------|----------------|
| Child's Name | Date of Birth: |
|--------------|----------------|

| | |
|----------|--------------|
| Address: | Phone () |
|----------|--------------|

| | |
|--------------------------------|--------------|
| Name of Primary Care Physician | Phone () |
|--------------------------------|--------------|

Address:

| INFORMATION NEEDED ABOUT CHILD | YES | NO | IF YES – INDICATE OR LIST 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

IS there anything else you would like us to be aware of for your child?

HEALTH INSURANCE INFORMATION

| | |
|----------------------|-------------------------|
| Policy Holder's Name | Relationship to Patient |
|----------------------|-------------------------|

Policy Holder's Address

Name and Address of Insurance Company

List ALL Policy Numbers (please identify)

I, _____, as the parent/legal guardian of, _____ do hereby authorize SCTC/SCIT camp staff to perform or obtain any first aid and/or emergency medical treatment deemed necessary for my child.

Signature/Date _____
Relationship to Child

Daytime/Work EMERGENCY PHONE NUMBER _____

Home Address _____

2017 SAGINAW CHIPPEWA TRIBAL COLLEGE
WAIVER OF LIABILITY AND RELEASE OF ALL CLAIMS

I, the undersigned, knowingly and voluntarily make the following release and waiver of all claims arising from or related to the “**Anishinaabe Wear Arts Camp**” sponsored by the Saginaw Chippewa Tribal College, (“SCTC”) a wholly owned charter college of the Saginaw Chippewa Indian Tribe of Michigan (“Tribe”), a federally recognized tribe.

I UNDERSTAND AND ACKNOWLEDGE THAT THE **Anishinaabe Wearable Arts Camp Activities** HAVE INHERENT AND INCIDENTAL RISKS THAT COULD RESULT IN PROPERTY LOSS, SERIOUS INJURY OR DEATH. I expressly and voluntarily assume all risk of property loss, personal injury or death, whether foreseeable or not, sustained in connection with the event.

In consideration for allowing me or my child to participate in the **Anishinaabe Wearable Arts Camp**, on behalf of myself and/or my child, my executors, my personal representatives, my administrators, my heirs and business entities with which I have an ownership interest or employment relationship (“Releasing Parties”) I further agree, and hereby forever release and discharge SCTC, the Tribe and all of its enterprises and subdivisions; and all of their respective officers, directors, members, agents, employees, successors, assigns, or affiliates (hereinafter collectively as “Released Parties”), from any and all liabilities, claims, damages, costs, loss of services, expenses, or any other causes of action, present or future, known or unknown (“Claims”), which the Releasing Parties may now or hereafter have related to the **Anishinaabe Wearable Arts Camp**, including any and all claim for injuries, damages or death or arising from strict liability or the negligence of any of the Released Parties.

This release/waiver is intended to be as broad and inclusive as permitted by law, and if any portion of this document is deemed invalid or unenforceable, it shall be considered deleted and the invalidity of such provision shall not affect the validity or enforceability of any other provisions of this release/waiver. If any disputes arise from or are related to the **Anishinaabe Wearable Arts Camp** or this document I consent and agree that such disputes and this document shall be construed and interpreted in accordance with and governed by the laws of the Saginaw Chippewa Indian Tribe of Michigan, without giving effect to conflicts of law, and the Saginaw Chippewa Tribal Court, located in Mount Pleasant, Michigan, shall hold the exclusive jurisdiction of matters arising from or related to the **Anishinaabe Wearable Arts Camp** or this document.

I further consent to enforcement of any judgment of the Tribal Court in any state court of applicable jurisdiction.

If I or another Releasing Party shall commence, join in, or in any manner seek legal relief based upon any of the Claims waived, released, or forever discharged under this document, or if any dispute arises concerning the subject matter or terms of this document, which results in legal action, litigation, or arbitration, then the Releasing Party seeking such relief shall pay all expenses of the Released Parties, including but not limited to, all damages, attorney’s fees, and any costs incurred in litigating, defending or otherwise responding to such lawsuit, action, arbitration or other Claim.

I HAVE READ, FULLY UNDERSTAND THE TERMS OF THIS DOCUMENT AND HAVE RESOLVED ALL QUESTIONS CONCERNING ITS CONTENTS TO MY SATISFACTION. I ALSO UNDERSTAND THAT THIS DOCUMENT CONTAINS, AMONG OTHER THINGS, A COMPLETE RELEASE OF ALL CURRENT AND FUTURE CLAIMS ARISING FROM OR RELATED TO THE **Anishinaabe Wearable Arts Camp**, AND THAT BY SIGNING BELOW, I AM NOW BARRED FROM BRINGING LEGAL ACTION OR ANY OTHER CLAIMS AGAINST THE SAGINAW CHIPPEWA INDIAN TRIBE OF MICHIGAN OR OTHER RELEASED PARTIES, WHICH ARE FOR ANY INJURY OR DAMAGES I MAY SUFFER FROM PARTICIPATING IN THE **Anishinaabe Wearable Arts Camp**.

Participant: _____ Date: _____
Print Name: _____

Parent/ Guardian Authorization: I represent that I am the parent or legal guardian of the above Participant, who is under 18 years of age. I have read the above Release and Waiver Form and am fully familiar with the contents thereof. I give permission for the Participant named below to participate in the **Anishinaabe Wearable Arts Camp**. I, on behalf of myself and the Participant, hereby consent and agree to all of the terms and conditions of this Release and Waiver Form, which shall be binding upon me, the Participant, and all other Releasing Parties as set forth above.

Parent/Legal Guardian: _____ Date: _____
Print Minor’s Name: _____ 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 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, 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) individual discussion with camp staff, (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 from the camp.

Parent/Guardian Signature

Date

Saginaw Chippewa Tribal College



Photo/Audio/Video Release

I authorize Saginaw Chippewa Tribal College (SCTC) to record and photograph my image and/or voice (or that of my minor child named below) and give SCTC and all persons or entities acting pursuant to 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: _____