



JIJAK Youth Camp 2016 Application
 June 20-22, 2016 9am-430pm Jijak Property
June 23rd will be the overnight for ages 7-15
 5/6 age group need to be picked up by 8:30pm on June 23.
June 24th Pick up is at 12pm for 7-15 age group

CAMP REGISTRATIONS ARE DUE TO THE GLT OFFICE OR VIA EMAIL BY MAY 27TH, 2016.
LATE REGISTRATIONS WILL NOT BE ACCEPTED

Family Information: Parent/Guardian Names: _____

Home Address: _____

Phone: _____ Email: _____

Child(ren) may be dropped off or picked up by: _____

In case of emergency contact:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

(Child 1): Full Legal Name _____ **Preferred/Nickname** _____

Gender: _____ **Date of birth:** _____ **requires a PFD during swimming activities:** _____

Please indicate size for your child's t-shirt. Children size: S M L Adult size: S M L

(Child 2): Full Legal Name _____ **Preferred/Nickname** _____

Gender: _____ **Date of birth:** _____ **requires a PFD during swimming activities:** _____

Please indicate size for your child's t-shirt. Children size: S M L Adult size: S M L

(Child 3): Full Legal Name _____ **Preferred/Nickname** _____

Gender: _____ **Date of birth:** _____ **requires a PFD during swimming activities:** _____

Please indicate size for your child's t-shirt. Children size: S M L Adult size: S M L

(Child 4): Full Legal Name _____ **Preferred/Nickname** _____

Gender: _____ **Date of birth:** _____ **requires a PFD during swimming activities:** _____

Please indicate size for your child's t-shirt. Children size: S M L Adult size: S M L

Camp supplies to send with your child each day:

***Camp is a phone free event, cell phones will be held by GLT staff if found on youth.**

1. Bathing suit and towel (PFD if you choose)
2. Change of clothes along with rain gear and sweater
3. Any prescriptions or allergy medicine needed by your child
4. **Pillow and sleeping bag (Thursday overnight). *Overnight ages 7-15 only.**

Please email or mail your completed application form to Nikki @ rebekah.yargeau@glt-nsn.gov or Shawn @ shawn.mckenney@glt-nsn.gov or by mail to: Gun Lake Tribe/Jijak Youth Camp 2872 Mission Drive Shelbyville, MI 49344 by May 27th, 2015.

***Please note a physical must be completed at the Gun Lake Tribe Health Clinic prior to camp or a copy of a physical completed within the past year (any doctor) must accompany this registration for your child. If you are unable to make either of these requirements you may request a physical for your child by GLT HHS staff the first day of camp at 8:00am. Please note you must be with your child if requesting a physical the first day of camp. Please expect up to an hour wait if you are requesting a physical the first day of camp. Notify Shawn or Nikki if a camp physical is needed.**

Jijak Youth Camp Liability Release Form

I _____ (parent/guardian name)

- give permission for Child 1: _____ Child 2: _____
Child 3: _____ Child 4: _____ to attend and participate in JIJAK Youth Camp from June 20-24, 2016.
- confirm that my child has basic swimming skills and has my permission to swim at places with a certified lifeguard on duty. I also understand that my child will be given a swim test by a certified lifeguard and will be given appropriate swimming restrictions if deemed necessary.
- give the right to take photographs of my children in connection with the above-identified event. I authorize the Gun Lake Tribe to use and publish photos from this event both in print and/or electronically.
- understand that if my child (or children) misbehaves and does not respond in a positive manner, I may be called to pick him/her up. **Warnings will be given, but if inappropriate behavior continues you will be contacted to pick up your child.**
- understand that my child's involvement in Jijak Youth Camp camping program is a privilege. In consideration of this privilege, I am signing this release/consent form.
- understand that my child may participate in any number of activities some of which include, but are not limited to, water sports, obstacle course activities, and other games.
- understand that there is a certain risk of physical injury involved with all such activities, some of which I may presently be unaware of.
- understand by signing this release form I am assuming such risks that are both known and unknown to me at this time. I further release the Gun Lake Tribe and Jijak Youth Camp Staff, its trustees, employees, facilities, employees and agents from any claim that I may have against them as a result of physical injury or illness during my child's participation in the camping activities. This release of liability is also intended to cover all claims that members of my family, estate or heirs, representatives or assign may present against the Jijak employees, rental facilities, including its trustees, employees, and agents.
- understand and grant permission to administer prescription medicine that my child brings to camp and for non-prescription medicine (i.e. acetaminophen, cough syrup, Sudafed, Actifed, Dimetapp, etc) and routine non-surgical medical care to be given to my child if deemed advisable by the Jijak health officer.
- understand and acknowledge the physical nature of camp activities. I understand that participation in these activities require a certain level of physical fitness and abilities. By signing this release, I assure that my child is physically fit and able to participate in all camp activities except that which has been listed on this form.
- have been advised to read this document carefully before signing.
- have thoroughly read the contents of this release and agree to the terms stated in each area including disciplinary procedures, property damage, medical policies, emergency procedures, and release liability. The information I have completed is accurate to the best of my knowledge.
- understand that in order to encourage group participation, and an "unplugged" atmosphere **campers are not allowed to have electronics**, at first sight they will be turned in to camp admin and returned to parents at pick up.

Parent/Guardian Signature: _____

Date: _____

2016 Jihak Youth Camp Medical Release Form
(Please fill out one form for EACH Jihak Youth Camp Participant)

Name: _____ Birthday: _____

Food Allergies/ Type of Reaction: _____

Drug Allergies/ Type of Reaction: _____

Insect Bite Allergies/ Type of Reaction: _____

Other Conditions: _____

Please list any current medications being taken, doses and frequency: *All medication(s) [prescriptions and over the counter] presently being taken, must be in their original packaging, be clearly marked with child's name and complete dosage instructions. **Only medications sent in original containers will be dispensed.***

May we give your child the following medications if needed?

Children's Tylenol YES NO

Benadryl YES NO

Immunizations must be up to date. MI residents will be looked up for confirmation. Out of state campers will need to submit Immunization records with this medical release form.

Are the following immunizations current? DPT, MMR, Polio. YES NO

Year of last tetanus shot/booster _____ what is not current? _____

Diet: Is a medically prescribed, religiously restricted, or vegetarian diet required? YES NO

Please Explain _____

(Note: Some special diets may require campers to bring their own food)

Health insurance information:

Medical Insurance Company: _____ Policy Group Number: _____

Policy Holder's Name: _____ Telephone: _____

Family Physician: _____ Telephone: _____

Family Dentist: _____ Telephone: _____

Please inspect your child for head lice or nits prior to camp. No child can be permitted to remain at camp if these are present. Also if your child has a fever or any other contagious illness, they will not be permitted to attend camp. IN GENERAL rules of good hygiene are urged such as regular washing of hands.

As Parent/ Legal Guardian, this health history is correct, so far as I know. In the event I cannot be reached in an emergency, I hereby give my permission to Jihak Camp staff to hospitalize, to secure proper treatment and/or to order injections, anesthesia, or surgery for my child as deemed necessary by a hospital emergency staff physician which in their professional judgment may be necessary. I realize that I will be contacted at the earliest possible moment in case of such an emergency.

Parent/Guardian Signature: _____ Date: _____

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