



## LTBB YOUTH SERVICES DEPARTMENT

Dear Parent(s):

**First, thank you for your patience while we were relocating and modifying our department and services. We are very thankful to all who made this a possibility!**

With that being said, we want to welcome you to the new and improved Little Traverse Bay Bands of Odawa Indians Youth Services Department! We hope that your child will be joining us this year. We have relocated to 915 Emmet Street, Petoskey, MI 49770. We are now accepting registration packets for youth participants. Programming will begin on **March 16, 2015**. Our open house and registration days will be March 10th, 11th and 12th from 10:00 A.M. to 7:00 P.M.

Our Youth Services reputation is based on the quality of our staff and program activities. I am pleased to inform you that all of our Youth Services staff has recently obtained their certification in basic first aid and CPR. We feel that the key to our successful program rests with the relationally-minded staff, high energy, youth professionals who are experienced with youth, trained and evaluated in safety, positive discipline methods, youth development, and most of all, who love to have FUN!

We believe that each child is an individual and has gifts that are unique. The Youth Services Center is a safe, supervised space, where youth can participate in enrichment activities, build relationships with peers, and work on academic goals/homework. We will strive to model and reinforce the skills that help our students succeed throughout life: resolving conflicts peacefully, learning how to make and keep friends.

If you would like your youth to participate in the Youth Services Department, please fill out the enclosed forms and return to us as soon as possible. We will need all of the requested information and documentation in order to coordinate our staffing and programming schedules.

The information that follows will provide you with considerable detail regarding our program and operations. Please read it carefully.

Please call the Youth Services Department if you need further information at (231) 242-1593 or email at [youthservices@ltbbodawa-nsn.gov](mailto:youthservices@ltbbodawa-nsn.gov). We are looking forward to a fun and exciting year with your child!

Sincerely,

Bernadece Boda, Youth Coordinator - (231) 268-8409  
Barry Bott, Youth Services Assistant - (231) 268-8411  
Robert (RJ) Smith, Peace Grant Outreach Assistant  
Sara Lucier, Peace Grant Assistant



# LTBB YOUTH SERVICES DEPARTMENT YOUTH REGISTRATION FORM WINTER 2015- WINTER 2016

*Please fill-out the box portion of this registration form completely!*

Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Age/DOB: _____ Parent Email: _____ Cellphone Number: _____ Texting Phone: _____	Parent/Guardian: _____ Work Phone: _____ Emergency Contact: _____ Relationship to child: Emergency Contact Phone: _____ Please list all authorized adults who may pick-up your child: _____ _____ _____
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Below are the functions/activities that may be offered by the LTBB Youth Services Department. Review the list and indicate in the box provided "yes" or "no" that you give permission for your child to participate.

Yes	No	Functions / Activities and Description
<input type="checkbox"/>	<input type="checkbox"/>	Canoeing, fishing, harvesting (using sharp knives), biking, swimming, sledding
<input type="checkbox"/>	<input type="checkbox"/>	Parching wild rice (students will be around a fire, and handling utensils)
<input type="checkbox"/>	<input type="checkbox"/>	Moccasin/basket making (using needles, sharp knives).
<input type="checkbox"/>	<input type="checkbox"/>	Cooking wild rice & fish (using sharp utensils such as knives, using high temperature cookware)

Are there specific cultural practices (ex. Dancing, singing, drumming, beading) that you would like your child to learn?

What other activities does your child like to participate in?

\_\_\_\_\_ Initials

Is there anything else about your child you would like to comment on?

Tribal preference will apply. Please check all that apply and provide appropriate copy of documentation:

- LTBB Enrolled: Enrollment #
- Other Tribal Nation: Enrollment #
- 1<sup>st</sup> Generation: Parent is LTBB Enrolled Member, but child is not
- No Tribal Affiliation, but have LTBB Family Members
- Other; Please explain

Statistical Information for grants: (Please check one box)

Family Income (include AFDC, Food Stamps (Bridge Card), Child Support, Alimony, etc.)

- Under \$10,000
- \$10,000-\$21,000
- \$22,000-\$33,000
- \$34,000-\$44,000
- \$45,000 and above

I understand and agree my contact information will be provided and shared with the LTBB Youth Services Parent Committee. \_\_\_\_\_

I would like to receive information about the Parent Advisory Committee.

\_\_\_\_\_ Yes          \_\_\_\_\_ No

We have a parent component to the program. You are expected volunteer with events, share a talent or knowledge, chaperone on field trips, or participate on the advisory committee **fifty (50) hours per year**. You must complete the background check packet. You may have someone else fulfill the hours for you if you are unable but that individual must also complete the background check packet.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

Other Forms that must be completed and/or received in order for registration to be complete:

- Permission & Medical Release Form
- Waiver of Liability Form
- Media Release Form
- Behavior Expectation Contract
- Copy of Tribal ID
- Birth Certificate (If no Tribal ID)
- Sports/Physical
- Academic Record Release
- Most recent Report Card
- Assessment/Survey Consent Form
- General Information/Consent Form
- Computer/Video Game/Movie Consent Form



## LTBB YOUTH SERVICES DEPARTMENT GENERAL INFORMATION/CONSENT

### SCHOOL YEAR DAYS/HOURS PER WEEK

Our hours of operation are from **3:30 P.M. – 8:00 P.M., Monday through Thursday**. We follow the Petoskey Public Schools Calendar. We will do our best to provide parents with notice if the center will be closed. The Youth Services Department after-school and summer program is available for students **ages 6-18, no exceptions to the minimum age requirement.**

**Circle School Days your child will attend: Monday, Tuesday, Wednesday, and Thursday**

**WINTER/SPRING BREAKS AND DAYS PETOSKEY SCHOOLS ARE CLOSED:** Days and Hours of operation will be the same as the summer days/hours per week.

### SUMMER DAYS/HOURS PER WEEK

Our out-of-school summer hours of operation are from **7:30 A.M. – 5:30 P.M.**, Monday through Thursday.

**Circle Summer Days your child will attend: Monday, Tuesday, Wednesday, and Thursday**

(If children 6-12 years old do not arrive on the circled days, we will make an attempt to contact the parent. Please make sure to let us know as soon as possible if your 6-12 year old will be absent).

LTBB YOUTH SERVICES will close in accordance with LTBB Governmental Inclement Weather Policy.

### PICKING UP YOUR YOUTH

Parents must pick up their youth on-site at 8:00 P.M. or at the designated time for one of the pick-up locations. If a youth is not picked up by 1 hour after closing time, either LTBB Human Services or Tribal Police Department will be notified.

### OPEN DOOR POLICY FOR YOUTH 13 AND UP

LTBB Youth Services is a drop-in center and has an open door policy.

- Youth are not required to attend every day.
- Youth are advised to stay on the premises; however we cannot legally require a youth to stay.
- Teens are allowed to leave the center without adult supervision, with a pre-existing signed parental consent form. The agreement on leaving the center must exist between the parent, youth, and center. The form must be submitted to the center before any teen will be allowed to leave the premises.
- LTBB Youth Services is not responsible for the welfare and/or behavior of any youth leaving the property with or without parental consent.
- Teens will be required to sign in and out each time they arrive and leave the Youth Services Center.

\_\_\_\_\_ Initials

## **DISCIPLINE POLICY**

### Minor Offenses:

1<sup>st</sup> Offense\*: Verbal Warning

2<sup>nd</sup> Offense\*: Time Out (Can be in or out of program area depending on how disruptive behavior is).

3<sup>rd</sup> Offense\*: Write-up, sent to Coordinator

\*Within one program period or one day.

- Parents will be notified of all write-ups.
- 3 write-ups of minor offenses will result in either in-center or out-of-center suspension.
- Examples of consequences of for minor offenses include, but are not limited to:
  - Clean-up duty
  - Exclusion from a particular program area
  - Exclusion from field trips or other special activities
  - Essays or other writing assignments
  - In-center suspension (exclusion from all program areas and activities)
  - Out-of-center suspension

### Major Offenses:

- All major offenses can constitute an automatic suspension without warning.
- Major offenses are:
  - Fighting
  - Disrespecting staff
  - Inappropriate Language (i.e.: cursing, name-calling or other offensive or explicit language)
  - Stealing
  - Vandalism/Destruction of Property
  - Inappropriate Touching/Inappropriate Sexual Behavior
  - Gang Activity
  - Bullying
  - Weapons

### Notes:

- This is only a guideline. Actual consequences are determined on a case-by-case basis and are at the discretion of the Youth Coordinator.
- If a pattern of on-going behavior (i.e.: continuous verbal warnings or time-outs for the same offense) is noticed, consequences may be given with or without a write-up, and regardless of the severity of the offense.
- The length of a suspension (in or out-of-center) is determined by the severity of the offense and the number of previous offenses. In general, suspensions are 1-5 days.
- Only full-time staff can suspend a youth with the approval of the Youth Coordinator.

## **DRESS CODE:**

The following types of clothing are prohibited:

- 1) See-through or mesh clothing, unless worn over other apparel
  - 2) Garments that expose the midriff (modest swimming suits only please)
  - 3) Bare feet
  - 4) Garments or accessories that display emblems relating to abusive substances, sex and/or obscenities.
  - 5) Any gang-related garments
- The Youth Coordinator reserves the right to determine if certain other items of clothing are inappropriate for wear at the youth center and/or during center field trips or other special events.

\_\_\_\_\_Initials

## **FIELD TRIP POLICY**

Before any youth can participate in a field trip, he/she must have a signed permission slip that gives parental consent.

## **PERSONAL ITEMS**

- Youth are responsible for all of their personal items. Please label all belongings to increase the potential of lost items being returned.
- Cell phones need to be on vibrate while in the youth center and should not be out during activities. LTBB Youth Services is not responsible for any electronics brought to the center by your youth and will not provide any reimbursement for lost, stolen or damaged property.

## **TECHNOLOGY GUIDELINES**

Youth Services is pleased to offer youth access to a computer. To gain access, all youth must obtain parental permission verified by signatures on the attached form. Youth are responsible for appropriate behavior on the Youth Center computers and network. Communications on the network are often public in nature. General rules for behavior and communications apply. It is expected that users will comply with standards and rules set forth. The use of the computers/network is a privilege, not a right and may be revoked if abused. The youth are advised to never access, keep or send anything that they would not want their parents or staff to see.

### **What are the rules?**

**Privacy** – Network storage areas may be treated like school lockers. The MIS Director may review communications to maintain system integrity and can ensure that youth are using the system responsibly.

**Storage Capacity** – Users are expected to remain within allocated USB space and delete email or other material, which take up excessive storage space.

**Illegal Copying** – Youth should never download or install commercial software, shareware, or freeware onto the network drives or USB's, unless they receive authorization from the MIS Director.

**Inappropriate Materials or Language** – Profane, abusive, or impolite language should not be used to communicate nor should materials be accessed which are not in line with the rules of Youth Services Code of Conduct/Behavior. Should youth encounter such material by accident, they should report it to the Youth Coordinator or staff immediately.

### **Guidelines**

1. Do not use a computer to harm other people or their work.
2. Do not damage the computer or network in any way.
3. Do not interfere with the operation of the network by installing illegal software, shareware or freeware.
4. Do not violate copyright laws.
5. Do not view, send, or display offensive messages or pictures.
6. Do not share your password with another person.
7. Do not waste limited resources such as disk space or printing capacity.
8. Do not trespass in others folders, work, or files.
9. Notify a staff immediately if you accidentally encounter materials that violate the Rules of Appropriate Use.
10. Be prepared to be held accountable for your actions and for the loss of privileges for the Rules of Appropriate Use are violated.

\_\_\_\_\_ Initials

## Internet Safety Rules

1. I will not give out personal information such as my address, telephone number, parents' work address/telephone number, or the name and location of my school.
2. I will tell staff right away if I come across any information that makes me feel uncomfortable or is inappropriate.
3. I will never agree to get together with someone I met online.
4. I will never send a person my picture or anything else.
5. I will not respond to any messages that are mean or in any way make me feel uncomfortable. It is not my fault if I get a message like that. If I do, I will tell a Youth Services staff right away so that they can contact MIS.
6. I will not give out my internet password to anyone (even my best friends) other than my parents.
7. I will be a good online citizen and not do anything that hurts other people or is against the law.

## HOMEWORK TIME

After meal/snack, we have a quiet time for the children to concentrate on homework. We will make every effort to help and encourage them during this period. Be aware that this may not be enough time for all their homework to be completed. All children will be required to work on homework at this time unless otherwise specified below by the parent. We understand that some parents would prefer the help while others would prefer their children to do it at home with the help of the parent. Please check your preference below. Children not doing homework during the homework hour will be required to read quietly.

\_\_\_\_\_ HOMEWORK TO BE DONE AT LTBB YOUTH SERVICES

\_\_\_\_\_ HOMEWORK TO BE DONE AT HOME ONLY

## BULLYING/NO TOLERANCE

Bullying of any kind will not be tolerated in our youth center. If a bullying incident occurs, all parties involved Parents/Legal Guardians will be called so that it can quickly be resolved. The guilty perpetrator will be dismissed from the program.

## ALCOHOL/DRUGS

This is an alcohol and drug free Youth Services Department/Center. If anyone is caught with alcohol or drugs, the Tribal Police will be notified immediately, followed by a phone call to a parent/legal guardian. This will result in immediate dismissal from the youth services programming.

## SNACK/MEALS (Please initial only one)

\_\_\_\_\_ LTBB Youth Services CAN provide meals/snacks to my child without special instruction or diet.

\_\_\_\_\_ LTBB Youth Services CANNOT provide meals/snacks to my child.

\_\_\_\_\_ LTBB Youth Services CAN provide meals/snacks with the exception of \_\_\_\_\_

\_\_\_\_\_ Initials

**TRIAL PERIOD**

All children are accepted into the program on a trial basis. If there is a question about the child's ability to fit into the program or about the program's ability to meet the child's needs, a conference will be set up to determine the child's continuation in our program. Any behavioral issues, special needs, etc. should be addressed prior to registration in the program.

\_\_\_\_\_  
Youth Signature of understanding/agreement

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parents Signature of understanding/agreement

\_\_\_\_\_  
Date



# LTBB YOUTH SERVICES DEPARTMENT TRANSPORTATION/PICK-UP/RELEASE INFORMATION

I understand that the LTBB Youth Services Department is **NOT** a Childcare facility; my child may sign out of the Youth Center by him/herself with parent permission. It is an after-school program providing recreation activities and academic assistance to **children 6-18 years old**. If you wish, you may have your child walk/ride with a staff from Central School to the Youth Center. Students walking/riding with a staff from Central school will sign in at Central School pick-up area and are required to remain with the group until they arrive at the Youth Center. Students wishing to walk/ride with a staff must meet in the front of Central School Playground. The Youth Center is not equipped to take care of sick children. You must pick up your child in the event of illness.

Permission to Walk Independently (please initial those that apply):

\_\_\_\_\_ My child **HAS** permission to walk independently from the staff and student/youth group. I understand that the Youth Center is not responsible for my child until they sign in at the Youth Center. I will notify the youth center in writing if my child is no longer able to walk independently from the group.

\_\_\_\_\_ My child **DOES NOT** have permission to walk independently to the Youth Center from Central School independently from the Staff and student/youth group.

\_\_\_\_\_ My teen (ages 13+) **HAS** permission to utilize the open door policy and sign themselves in and out of the youth services department without an adult at their own leisure whether during school or summer months.

Transportation to Youth Services after-school: Please check one of the following boxes:

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	I will drop my child(ren) up at <u>915 Emmet Street at 3:30 P.M.</u>
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	I need my child(ren) picked up at <u>Biindigen at 4:15 P.M.</u>
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	I need my child(ren) picked up at <u>LTBB Government Center at 4:00 P.M.</u>

Parents must pick-up their children promptly. If you are going to be late, please call the site directly and notify us. Youth will not be permitted to wait unsupervised on-site for pick-up after **8:00 PM**.

Transportation Home during School year: Please check one of the following boxes:

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	I will pick my child(ren) up at <u>915 Emmet Street at 8:00 P.M.</u>
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	I will pick my child(ren) up at <u>Biindigen at 8:00 P.M.</u>
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	I will pick my child(ren) up at <u>LTBB Government Center at 8:00 P.M.</u>

The school will have to have a release for LTBB to pick up your child.

**Parents are responsible for student pickup on-site or at the pre-registered pick-up designation.**

Permissions: Please initial the following:

\_\_\_\_\_ I give my child permission to ride in a LTBB Government Vehicle

\_\_\_\_\_ I give my child permission to ride in a school bus

\_\_\_\_\_ I understand that LTBB Youth Services Department reserves the right to remove my child from transportation service at any time.

Field Trips/Special Events/Summer Travel:

\_\_\_\_\_ I authorize travel with the LTBB Youth Services Department to any field trip or outing during the school year and/or summer program.

OR

\_\_\_\_\_ Initials

\_\_\_\_\_ I **DO NOT** authorize **ANY** travel with LTBB Youth Services. By selecting this option, your child **CANNOT PARTICIPATE** in **ANY** of the off-site trips.

## SUMMER TRANSPORTATION

Transportation to Youth Services: Please check one of the following boxes:

- |                          |     |                          |    |  |
|--------------------------|-----|--------------------------|----|--|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | I will drop my child(ren) up at <u>915 Emmet Street at 7:30 A.M.</u>         |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | I need my child(ren) picked up at <u>Biindigen at 7:30 A.M.</u>              |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | I need my child(ren) picked up at <u>LTBB Government Center at 7:45 A.M.</u> |

Parents must pick-up their children promptly. If you are going to be late, please call the site directly and notify us. Youth will not be permitted to wait unsupervised on-site for pick-up after **8:00 PM**.

Transportation Home During summer: Please check one of the following boxes:

- |                          |     |                          |    |   |
|--------------------------|-----|--------------------------|----|---|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | I will pick my child(ren) up at <u>915 Emmet Street at 5:30 P.M.</u>      |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | I will pick my child(ren) up at <u>Biindigen at 5:45 P.M.</u>             |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | I will pick my child(ren) up at <u>LTBB Government Center at 5:30P.M.</u> |

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# LTBB YOUTH SERVICES DEPARTMENT COMPUTER/VIDEO GAME /MOVIE USAGE/RATINGS

## COMPUTERS/INTERNET

INITIAL ONLY ONE OPTION IN THIS SECTION

\_\_\_\_\_ My child CAN USE e-mail and the internet while at LTBB Youth Services Department. As a user of the Youth Services Computer network, my child and I agree to comply with all rules and use the network and computers in a constructive positive manner.

\_\_\_\_\_ My child CANNOT USE e-mail or the internet while at the Youth Services Department.

## VIDEO GAME USAGE

INITIAL ONLY ONE OPTION IN THIS SECTION

\_\_\_\_\_ My child CAN play video games while at LTBB Youth Services Department but ONLY offline games.

\_\_\_\_\_ My child CAN play video games while at LTBB Youth Services Department including online and offline games.

\_\_\_\_\_ My child CANNOT play video games at LTBB Youth Services Department.

My child CAN play games with the following Rating:

PLEASE INITIAL ALL THAT APPLY

\_\_\_\_\_ Early Childhood      Everyone \_\_\_\_\_      Everyone 10+ \_\_\_\_\_      Teen \_\_\_\_\_

\_\_\_\_\_ Mature      \_\_\_\_\_ Rating Pending

## MOVIES

INITIAL ONLY ONE OPTION IN THIS SECTION

\_\_\_\_\_ My child CAN watch movies while at LTBB Youth Services Department.

\_\_\_\_\_ My child CANNOT watch movies while at LTBB Youth Services Department.

My child CAN WATCH MOVIES with the following Rating:

PLEASE INITIAL ALL THAT APPLY

\_\_\_\_\_ G (General Audience)      \_\_\_\_\_ PG (Parental Guidance)

\_\_\_\_\_ PG-13 (Parents Strongly Cautioned)      \_\_\_\_\_ R (Restricted)

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

\_\_\_\_\_  
Date



# LTBB YOUTH SERVICES DEPARTMENT

## CONSENT TO RELEASE ACADEMIC RECORDS

Pursuant to the Provisions of the **Family Educational Rights and Privacy Act**, I give my consent to authorized representatives of \_\_\_\_\_ School District/School for the release of my child's academic and attendance records. I understand that this authorization will remain in effect until I rescind it in writing. I understand that I have the right to rescind this authorization at any time.

Child's Name: \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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### Information for entity/staff Authorized to Receive Academic Information

**Little Traverse Bay Bands of Odawa Indians  
Youth Services Department  
Bernadece Boda, Youth Coordinator  
7500 Odawa Circle  
Harbor Springs, MI 49740**

**TO BE COMPLETED BY PERSON(S) AUTHORIZED TO RECEIVE ACADEMIC INFORMATION:**  
In accordance with the consent of the above student, I accept full responsibility for any and all information contained in the academic record that may be released to me, and agree to abide by the following procedures and provisions:

1. All requests for information will be submitted by me in writing or on a form supplied by the school. I understand that academic information may not be discussed over the telephone.
2. The parent may rescind authorization at any time.

Signature: \_\_\_\_\_  
Youth Coordinator

Date: \_\_\_\_\_



# LTBB YOUTH SERVICES DEPARTMENT

## PARTICIPANT ASSESSMENT PERMISSION FORM

Your child's opinions are important and we want them to have the best experience at LTBB Youth Services. To provide children of this community with the most effective and fun programs requires us to periodically ask youth about their life and their experiences in the LTBB Youth Services Department Programming. The information we gather will be used to help Youth Services Staff better understand youth and the programs that will best promote their overall success as students and as successful adults.

By initialing below, you indicate that you are the parent or guardian of the person named in this registration packet and that you give your consent to and give authorization for your child to participate in Assessments/Surveys/Questionnaires used by the Little Traverse Bay Bands of Odawa Indian Youth Services Department, their subsidiaries and affiliates. These assessments may include household information, my child's grades, demographics and/or survey information:

\_\_\_\_\_ I give my permission for my child to participate.

\_\_\_\_\_ I DO NOT give permission for my child to participate.

We hope you will allow your child to participate. As you consider doing so, we want you to know several things:

- Your child's participation in the assessments is entirely voluntary. You must give your permission for them to participate. They must also agree to participate. If you do not give your permission, or if he/she decides not to participate, there will be no penalty or consequences for anyone involved.
- The purpose of assessing is to satisfy reporting requirements to our community and partners, to better understand positive youth development, and to create better programs – the information is not used for any other purpose. There is no right or wrong answers in the outcome surveys (questions are about feelings, opinions and experiences).
- There are no known discomforts or hazard associated with participation – only assessments and surveys are involved.
- Copies of assessments are available when used if you would like to review any of the questions being asked.
- All information from the assessments is kept confidential.
- All findings will be combined, summarized and reported in group form so that it will be impossible to identify individual people.

If you have any questions, please contact Bernadece Boda, Youth Coordinator at Little Traverse Bay Bands of Odawa Indians: 7500 Odawa Circle Harbor Springs, MI 49740. Telephone 231-242-1593; email [bboda@ltbbodawa-nsn.gov](mailto:bboda@ltbbodawa-nsn.gov)

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

\_\_\_\_\_  
Date



# Little Traverse Bay Bands of Odawa Indians Permission and Medical Release Form

This Permission and Medical Release Form gives authorization, including traveling to and from, for the LTBB Department and Program and the related event/activities named below during the dates specified below.

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Department/Program

\_\_\_\_\_ to \_\_\_\_\_  
Dates (From / To)

\_\_\_\_\_  
Event/Activity

While my child or myself is attending or traveling to or from the respective LTBB Department and or Program event or activity, I HEREBY AUTHORIZE THE LTBB STAFF MEMBER, or in his/her absence or disability, any adult accompanying or assisting him/her, TO CONSENT TO THE FOLLOWING MEDICAL TREATMENT. This authorization shall remain effective until the specified event or activity concludes in this department or program unless sooner revoked in writing. I understand that as a participant/parent/guardian, I will be responsible for the cost of any service or treatment provided.

## EMERGENCY CONTACT INFORMATION

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

(\_\_\_\_\_) \_\_\_\_\_  
Emergency Day Phone (with area code)

(\_\_\_\_\_) \_\_\_\_\_  
Emergency Night Phone (with area code)

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

## AUTHORIZATION AND CONSENT AND RELEASE

I hereby certify that my child or myself is in good health and can be transported, by any means arranged, to and participate in all functions and/or activities that I have authorized on any registration form provided by the LTBB. I understand it is my responsibility to keep the information on this Permission and Medical Release Form updated by contacting the respective LTBB Department or Program.

\_\_\_\_\_  
Signature of Participant/Parent/Guardian

\_\_\_\_\_  
Date

## NON-CONSENT

I do not desire to sign this authorization and understand that this will prohibit receipt of any non-life threatening medical attention in the event of illness or accident for my child or myself.

\_\_\_\_\_  
Signature of Participant/Parent/Guardian

\_\_\_\_\_  
Date

**PLEASE FILL OUT BOTH PAGES COMPLETELY**



# Little Traverse Bay Bands of Odawa Indians Permission and Medical Release Form

Participant First Name \_\_\_\_\_

Participant Last Name \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Birth

Subject to:	YES	No	Now Have or Have Had	Yes	No
Colds			Heart Trouble		
Sore Throat			Asthma		
Fainting Spells			Lung Trouble		
Bronchitis			Sinus Trouble		
Convulsions			Hernia (rupture)		
Cramps			Appendicitis		
Allergies			Has appendix been removed?		
Wear corrective lenses?			Do you walk in your sleep?		
Is hearing good?					

Date of last Tetanus Vaccination: \_\_\_\_\_

Please check over-the-counter medications that may be administered:

- Tylenol       Ibuprofen       Cough Syrup       Decongestant       Dramamine  
 Antacid       Polysporin       Hydrocortisone       Other: \_\_\_\_\_

Please check outdoor preventions that may be administered/provided:

- Sunscreen       Insect Repellant       Other

Please identify allergies including allergies to food, medications, and drug reactions:

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

Please list any disability accommodations you will need in order to participate in this program or activity.

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

Please list all current medications:

Name of Medication	Dosage	Times Taken

Please include any additional remarks and special instructions to better assist emergency service personnel.  
Please explain "yes" answers on this page.

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

I attest and affirm this information is true and accurate to the best of my knowledge.

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

\_\_\_\_\_  
Date



# Little Traverse Bay Bands of Odawa Indians Media Release

Participants in any function and/or activity provided by the Little Traverse Bay Bands of Odawa Indians (LTBB) may be photographed and videotaped for use in LTBB promotional and educational materials.

I authorize LTBB to record the image and voice of the subject named below. I also give LTBB and all persons or entities acting pursuant to LTBB's permission or authority, all rights for use of these images and voice. I understand that said images and/or voice recordings will be used for educational purposes in all conventional and electronic media, including but not limited to the Internet, and any future media. I also authorize the use of any printed material in connection therewith.

I understand and agree that these images and recordings may be duplicated, distributed with or without charge, and/or altered in any form or manner without future or further compensation or liability, in perpetuity.

Participant's Name \_\_\_\_\_ Minor's DOB: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name \_\_\_\_\_ Guardian: Yes \_\_\_\_\_ No \_\_\_\_\_

If participant is under 18 years of age Parent/Guardian must sign and the signor must clearly print their name.

Activity or Event \_\_\_\_\_ Date: \_\_\_\_\_

Location \_\_\_\_\_ Video Recording: Yes \_\_\_\_\_ No \_\_\_\_\_  
Voice Recording: Yes \_\_\_\_\_ No \_\_\_\_\_



# Little Traverse Bay Bands of Odawa Indians

## Waiver of Liability

**Waiver.** In consideration of being permitted to participate or for my child to participate in any way, in any and all Little Traverse Bay Bands of Odawa Indians activities hereinafter called "Activity", I, for myself, my heirs, personal representatives or assigns, do release, waive, discharge, and covenant not to sue the Little Traverse Bay Bands of Odawa Indians, any officers, employees, and agents from liability from any and all claims resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participating in the Activity.

DOB: \_\_\_\_\_

\_\_\_\_\_  
Child's Name

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

If participant is under 18 years of age Parent/Guardian must sign

**Assumption of Risks.** Participation in Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but risks range from 1) minor injuries such as scratches, bruises, and sprains to 2) major injuries such as eye injury or loss of sight, joint of back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in Activity. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

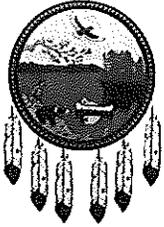
**Acknowledgement of Understanding.** I have read this waiver of liability and assumption of risk agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability, for myself or my above named child, to the greatest extent allowed by law.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

If participant is under 18 years of age Parent/Guardian must sign.



# RESPECT & BEHAVIORAL EXPECTATIONS

Youth Services Department of the Little Traverse Bay Bands of Odawa Indians

The vision of the Youth Services Department is of a community of healthy and flourishing families who are able to walk successfully in two worlds and living "mnobimaadziwin"- the good life. Our mission is to promote the healing, sovereignty and well-being of the LTBB Odawa by providing comprehensive, exceptional, formal and informal learning opportunities for tribal and non-tribal youth, adults and elders that empower our families, preserve the knowledge of our elders and prepare and position all learners we encounter to create a more just and equitable world for all people. Thus we expect youth to conduct themselves in a respectful manor in all circumstances; however we have some more specific guidelines to ensure clarity about our expectations.

**Youth must be with group at all times.**

Safety is a primary concern for Youth Services Department, thus youth are not allowed to leave the Youth Services Department activity without permission. When we are off-site on a field trip, youth are not allowed to leave their group assignments. If youth leave an activity or group assignment without permission, it will be documented in writing and communicated with their family.

**Non-violence - physically and emotionally - is a necessity.**

Again, safety is a concern for Youth Services Department. Youth are not allowed to hit, intimidate, name call, tease, push, steal, lie, or disrespect themselves, each other, staff, adults, and elders. If youth engage in any of these behaviors, it will be documented in writing and communicated with their family. If there is a serious incident between two youth staff will first consult with both parents and then a group meeting will be held.

**Youth participation in activities:**

We expect youth to participate in Youth Services Department activities to the best of their ability. When there is a special guest speaker, we expect youth to treat them with respect and to be attentive to the presentation. If youth wish to sit out from a particular activity they may do so, but are required to sit or do another activity quietly and not disrupt the main activity.

**Everyone helps to clean up.**

Everyone must help to keep our area clean and is expected to clean up after himself or herself.

**Cell phones must be on vibrate throughout the day, and cell phone use during program hours is restricted to emergency or familial communication only.**

**Patterns of unsuccessful behaviors:**

If a pattern of unsuccessful behaviors is established, a meeting with the youth's family will be called and a plan for further action will be developed.

I have read the Respect and Behavioral Expectations and agree to abide by its rules. I understand that infraction of this contract will result in any or all of the penalties listed above.

Name and/or Signature of Youth: \_\_\_\_\_ Date: \_\_\_\_\_

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

If participant is under 18 years of age Parent/Guardian must review with minor and sign.