



Participant & Medical Waiver 2020

Participant Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* *State* *ZIP Code*

Primary Phone: _____ Alternate Phone: _____
May we text this number: YES NO *May we text this number: YES NO*

Email: _____

Tribal Affiliation: _____ Enrollment Number: _____

Birth Date: _____ Shirt Size: _____

Legal Guardian Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* *State* *ZIP Code*

Primary Phone: _____ Alternate Phone: _____
May we text this number: YES NO *May we text this number: YES NO*

Email: _____

Legal Guardian Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* *State* *ZIP Code*

Primary Phone: _____ Alternate Phone: _____
May we text this number: YES NO *May we text this number: YES NO*

Email: _____

Insurance Information

Insurance Company: _____ Phone #: _____

Insurance #: _____

Group #: _____

PLEASE ATTATCH A COPY OF THE PARTICIPANTS MEDICAL INSURANCE CARD

Preferred Hospital: _____

Parent/Guardian Email: _____

Emergency Contact(s): _____ *May we text this number:*
YES NO

<i>Name</i>	<i>Relation</i>	<i>Phone Number</i>
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Medical Information

Food Allergies/Type of Reaction:

Drug Allergies/Type of Reaction:

Insect Bite or Sting Allergies/Type of Reaction:

Other Conditions (Medical, Physical, Behavioral, Psychiatric or Social/Emotional Conditions):

Allergy listed above may require the use of an EpiPen. *

*Please discuss with your youth the importance of showing the leaders/chaperones where their EpiPen is located.

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.*

Name of medication	Dosage	How taken/given	Medication Schedule	Reason for giving

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

- Tylenol
 Ibuprofen
 Cough Syrup
 Decongestant
 Dramamine
 Essential Oils
 Antacid
 Polysporin
 Hydrocortisone
 Bug Repellant
 Sun Screen

Other: _____

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 Tribe Youth 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.

As parent of the aforementioned I, hereby request and authorize Gun Lake Tribe Youth Staff to use or disclose my child's Protected Personal Health Information. Information will be shared with only those who need to know in order to keep my child safe and ensure proper care. This may include: Gun Lake Education Staff, chaperones, and, in the event of an emergency, the hospital emergency staff.

As Parent/Legal Guardian, understand and acknowledge the physical nature of youth 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 their medical release form.

Parent / Guardian Signature: _____ Date: _____

I do not wish for my child to receive medical attention for any non-life threatening medical in the event of illness or accident.

Parent / Guardian Signature: _____ Date: _____

Behavior Expectations

As the Gun Lake Tribe Youth Program, it is our mission to promote the development of future Tribal leaders, provide a representative voice for Native youth and promote the Pottawatomi culture, language, pride and identity. The youth participant agrees to the following:

- All participants are expected to exhibit the seven grandfather teachings: Love, Respect, Humility, Wisdom, Bravery, Truth and Honesty, for themselves, other participants, staff, properties and facilities in which the Gun Lake Tribe Youth program is being held
- Personal belongings are the sole responsibility of the youth.
- Refrain from the possession and use of weapons, tobacco products (unless for ceremonial or traditional purposes), vapes, alcoholic beverages and illicit drugs.
- Inappropriate physical contact with other participants is prohibited.
- Any behavior that violates any laws of the United States or the Gun Lake Tribe or any local ordinance is prohibited.
- Dress appropriately and according to the customs and standards of the venue that they are visiting.
- Electronic devices are to be used respectfully and appropriately. This means cellular phones should be on vibrate mode if they must be on to avoid disturbing others or disrupting an activity.
- Remain with their assigned groups at all times unless given permission from staff to do otherwise.

These expectations are in effect throughout the entire trip or activity.

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Challenging behaviors are often related to stressful or traumatic events youth experience in the surrounding neighborhood, in the community, or in the home. Before taking disciplinary action, Education staff will consider restorative measures, resources, and interventions that address the needs of the student. This may mean working with a youth to make right what was wronged, referring youth to other services, working with the youth and family to develop a behavior support plan, and other trauma-informed interventions. If interventions prove to be unsuccessful, this could result in disciplinary action and may include the following: -suspension from free-time activities, confiscation of electronic devices (cell phones, tablets, etc.) until youth is picked up by parent/guardian, prohibition from participation in activities and/or being sent home. In the event that it is determined that any participant has violated the Behavior Expectations, the participant's parent/guardian will be notified. The responsibility for making this determination is vested in the Youth Specialist and/or Education Director.

By signing below, I acknowledge I have read the Behavior Expectations with my youth and we understand and agree to adhere to the Behavior Expectations.

Participant Signature: _____ Date: _____

Parent / Guardian Signature: _____ Date: _____

Permissions Checklist

Below are the functions/activities that may be offered by the Gun Lake Tribe Youth Program. Review the list and indicate in the box provided "Yes" or "No" that you give your permission for your child to participate.

Yes	No	Functions / Activities and Description
<input type="checkbox"/>	<input type="checkbox"/>	Photographs/video/media of my youth in connection with Gun Lake Tribe Youth Program: I authorize the Gun Lake Tribe to use and publish photos from this event both in print and/or electronically for promotion and cultural publications.
<input type="checkbox"/>	<input type="checkbox"/>	Cooking (using sharp utensils such as knives, using high temperature cookware)
<input type="checkbox"/>	<input type="checkbox"/>	Learning how to make a fire as part of cultural teaching
<input type="checkbox"/>	<input type="checkbox"/>	Participate in cultural teachings and practices such as ceremonies and cultural arts
<input type="checkbox"/>	<input type="checkbox"/>	Participate in archery or atlatl
<input type="checkbox"/>	<input type="checkbox"/>	Swimming in areas that may not have an active lifeguard on duty
<input type="checkbox"/>	<input type="checkbox"/>	Collecting and using traditional plant medicines (smudging, ingesting teas, using plant salves)
<input type="checkbox"/>	<input type="checkbox"/>	Water activities (canoeing, paddle boarding, diving, water polo, water slides)
<input type="checkbox"/>	<input type="checkbox"/>	Transport in a tribally owned or leased vehicle to and from events facilitated by the Gun Lake Tribe
<input type="checkbox"/>	<input type="checkbox"/>	Water sports, obstacle course activities, traditional camp activities that may involve knife or fire use, cultural activities and teachings and other games/activities
<input type="checkbox"/>	<input type="checkbox"/>	Participate in physical contact sports (lacrosse, double ball, basketball)
<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> • Other:

(Please use this space to identify additional activities your child may or may not participate in)

Parent / Guardian Signature: _____ Date: _____

Waiver & Release of Liability

I understand that this Waiver and Release of Liability is intended to be as broad and inclusive as permitted by Michigan law and agree that if any portion is held invalid that the remainder of the Waiver and Release of Liability will continue in full force and legal effect. I understand that the Gun Lake Tribe retains full sovereign immunity from suit, and that the Gun Lake Tribe neither makes nor intends any waiver of tribal sovereign immunity, whether by this Waiver and Release of Liability or otherwise. 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 Gun Lake Tribe, employees, rental facilities, including its trustees, employees, and agents.

I understand that participating in tribal youth activities involves certain risks, including but not limited to death, serious neck and spinal injuries, brain damage, and serious injury to bones, joints, soft tissues, and muscles. I am voluntarily participating in youth programing with the knowledge of such risks involved and hereby accept any and all risk of property damage, personal injury, illness or death.

I acknowledge that I have carefully read this Waiver and Release of Liability and that I fully understand that this is a release of all claims and liability. By signing, I am expressly releasing the Gun Lake Tribe from all causes of action, including negligence, and I am voluntarily waiving any right to bring any action against the Gun Lake Tribe for any accident, illness, and/or personal injury associated with participating with Youth services/programing.

Participant Signature (if over 18): _____ Date: _____

Parent / Guardian Signature: _____ Date: _____

Please note this waiver will remain effective for the 2020 calendar year.

For questions email: youthspecialist@glt-nsn.gov

