



**Sokaogon Chippewa
Ishpaagoonikaa Deep Snow Camp
February 15th, 16th, 17th 2019
Mole Lake, WI**

INSTRUCTIONS: Complete all parts of this form. Parent's signature is required if participant is under 18 years of age.

NOTE: Full disclosure of your current health is required for participation.

Participants who have medical conditions MUST have a parent/guardian report to an adult upon arrival.

GENERAL INFORMATION

Name:

Home Address:

(Street) (City) (State) (Zip)

Home Phone: _____ Date of Birth: __/__/____ Age: _____

Tribal Affiliation: _____

EMERGENCY CONTACT INFORMATION (In the event of an emergency, who do we contact)

Name: _____

Home: _____ Cell: _____ Work: _____ Email: _____

2nd Contact

Name: _____

Home: _____ Cell: _____ Work: _____ Email: _____

INSURANCE INFORMATION AND/OR HOSPITAL INFORMATION

Insurance Company Name: _____

Policy #: _____

Family Physician Name: _____

Physician Address: _____

Physician Phone: _____

HEALTH HISTORY

Height: _____ Weight: _____

Do you wear glasses: _____ Yes _____ No

Do you wear contacts: _____ Yes _____ No

Are you under a physician care: : _____ Yes _____ No (If yes, please explain)

Are you currently taking any medication? : _____ Yes _____ No (If yes, please explain)

Do you have any allergies to any food or medication? : _____ Yes _____ No (If yes, please explain)

Do you have asthma? : _____ Yes _____ No (If yes, bring your inhaler)

Do you have any disabilities? : _____ Yes _____ No (If yes, please explain)

Did you have any recent injuries, illness or operations? : _____ Yes _____ No (If yes, please explain)

Do you have any diabetes, seizures or frequent fainting/dizziness : _____ Yes _____ No (If yes, please explain)

Do you have any back, neck, or spine injury/pain? : _____ Yes _____ No (If yes, please explain) _____

Do you have any migraines or suffer from headaches: : _____ Yes _____ No (If yes, please explain)

Do you have a history of heart problems? : _____ Yes _____ No (If yes, please explain) _____

Are you pregnant? : _____ Yes _____ No (If yes you cannot actively participate without written permission from your physician. Individuals suffering from musco-skeletal injuries or cardiovascular illness will not be permitted to participate in certain actives without written permissions from their physician)

Please state the type of physical condition you are in: (Circle one) _____ Athletic _____ Good _____ Fair _____ Poor _____

Participation Agreement:

By signing below, I signify that my child/ward agree to abide by all the described rules of respect for all person and property by the Ishpaagoonikaa Deep Snow Camp and program staff, participate in all expected actives, meals, lights out and wake up times, and abide by all camp rules and regulations. Finally that my child/ward agree to fully participate in all scheduled activates which can include but are not limited to, snaring, fish cleaning, trapping, snow shoeing, storytelling, tip up, and shelter building and snow snake. We fully understand that a majority of the actives will take place outdoors, even in cold temperatures. We understand that harvesting animals will be messy and we will wear clothing appropriate for getting dirty. Sokaogon Chippewa will not be responsible for anything clothing or personal items damaged, stolen, lost or stained during camp.

Participant Initial Parent Initial

Risk/Dangers/Safety:

I am aware that participation in the Sokaogon Chippewa sponsored activities poses certain physical, mental, and emotional challenges. I acknowledge that certain risk and dangers exists in activities that take place in an outdoor setting where many of the programs are conducted. These risks include, but are not limited to, loss or damaged to personal property, injuries such as scrapes, cuts, bruises, and through extremely rare more serious injuries due to events which are beyond control of the program or the facilitators,. I understand that while the program and its staff will make every reasonable effort to minimize exposure to known risks, not all dangers, hazards and perils can be foreseen. I and my son/daughter/ward have a personal responsibility and duty to learn and follow all safety stands, guidelines, and procedures established by the instructor/facilitator and will make instructor/facilitator aware at any point during the activity in which I question my knowledge of these standards, guidelines, and produces, or my ability to participate.

Participant Initial Parent Initial

No Lice/No Nits Policy

No Lice/Nits Policy Head lice have reappeared over the past few years in schools and camps across the U.S. Self-contained communities like camps are especially vulnerable and must be vigilant to control this problem. To combat head lice, we will have our medical staff will provide initial checks.

We encourage you to have your child checked for head lice by a pediatrician **two weeks** prior to departure and again immediately before camp begins. If any sign of head lice is found, talk to your pediatrician to arrange for appropriate and immediate treatment well **BEFORE** your child leaves for camp and let us know that such treatment has taken place.

If your child had head lice or was exposed to it (family member, friend, schoolmate, etc.) within four weeks of her arrival to camp, please notify us. We are committed to doing all we can to keep lice out of our community. *Please be aware! Having your pediatrician check for lice prior to arrival at camp is NOT always a guarantee, as there is a 3 to 7 day period of gestation during which the nits are invisible.

When your child arrives at camp, he/she will have a brief medical check-in with our medical staff, and then proceed to the lice screening station. One of the professional lice screening technicians will check his/her hair, and any case of lice or nits found will then be verified/confirmed by one of our own medical staff members.

If any positive cases of lice are found, they will treat the camper on-site. The camper's parent will be contacted for this service if needed. We will begin treatment immediately and will be isolated from other campers. Parents will be notified and the child will be sent home. Parents are responsible for the travel arrangements if such an event occurs.

Participant Initial Parent Initial

Risk & Liability Consent:

I understand and assume all risks, dangers, hazards or perils associated with these programs and activities and waive all claims or causes of action arising from me or my son/daughter/ward participation in Sokaogon Chippewa activities and do by hereby release the Sokaogon Chippewa all persons and agents from liability which I may ever have against Sokaogon Chippewa, its successors and assigns, its officers, employees, volunteers, agents, and their heirs, executors and assigns. Furthermore I give my consent to the instructor/facilitator or other medical personnel to treat me and my son/daughter/ward in a medical situation. My signature on this document is also intended to my successors, heirs, representatives, administrators and assigns.

Participant Initial Parent Initial

Drug & Alcohol Free /No Weapons:

I Understand that all Sokaogon Chippewa programs and activities are “Drug Free” and that no tobacco, alcohol or other illegal substances maybe be used or in possession during any Sokaogon Chippewa activity. I also acknowledge that any type of weapon/firearm or any materials that could cause damage or personal injury are strictly prohibited from Sokaogon Chippewa programs, activities, camps and offices

Participant Initial Parent Initial

Appropriate Clothing:

I understand that my son/daughter/ward will wear clothing that conveys positive and appropriate messages. They will also come prepared to be dressed for the winter weather. Clothing must fit and cover underwear and mid-drift areas should not be exposed.

Participant Initial Parent Initial

Photos/Videos/Publications:

I consent and authorize Sokaogon Chippewa to use, reuse and/or publish photographic and or video graphic material taken of me and or my son/daughter/ward while participating in activities sponsored by Sokaogon Chippewa. I understand that these photographs negatives, and or videotapes may be used in an educational setting, in professional publications and or conferences. I further understand that these materials can be used without limitation, reservation or compensation, other than the receipt hereby given. I further understand that my name, and or my son/daughter/ward name will be kept confidential.

Participant Initial Parent Initial

Nick VanZile
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Rachel Vodar
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Packing List for Ishpaagoonikaa Deep Snow Camp

February 15th, 16th, 17th 2019

Mole Lake, WI

Participants will be on the Sokaogon Chippewa Reservation in Mole Lake WI at the rec center as well as the cultural center. In order to fully participate in all the events it is important you bring the following:

POSITIVE ATTITUDE

Old Clothes that can get dirty

Winter Gloves

Long johns/insulated under shirt

2 Pairs of comfortable pants

3 Pairs of warm socks (wool is great)

Blanket

Water bottle

Hair brush/toothbrush/toothpaste/shampoo/soap/toiletries

*****Medication if needed(Counselor will help with this) Parents MUST INFORM AN ADULT ABOUT MEDICATIONS!*****

Winter Coat

Warm Hat

Snow pants

Towel

Sleeping bag and pillow

Winter Boots

***If you have a tent, please feel free to bring it. We will be setting up tents INDOORS to sleep.

Remember, we will spend days outside harvesting activities and it can be very cold, wet and messy. Please be prepared to get messy and bring your OLD CLOTHES, COAT, BOOTS, and a CHANGE OF CLOTHES!!!!!!!!!!

Extra optional item(s):

Hand warmers

Foot warmers

I will NOT BRING TO CAMP: Portable electronics of any kind, Headphones, CD's, DVD players, DVD's, tape players, tapes or electronic games.

Derogatory or negative clothing, messages conduct, language lewd or indecent clothing will NOT be ACCEPTED!!!!!!

It is permitted to bring cellphones to camp but they will be taken away and held in a safe, secure place until camp is over