

**2019 Summer Youth Camp**  
*Nenda – Gikendan Noopiming gaye Nibiing*  
**(“seeking knowledge in the woods and place of water”)**  
hosted by the *1854 Treaty Authority*

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Age and Birthdate: \_\_\_\_\_

School: \_\_\_\_\_ Grade (Fall 2019): \_\_\_\_\_

Tribal Affiliation(s):  
\_\_\_\_\_  
\_\_\_\_\_

Parent(s)/Guardian(s):  
\_\_\_\_\_  
\_\_\_\_\_

Parent(s)/Guardian(s) Work Phone/ Cell Phone / Email Address:  
\_\_\_\_\_  
\_\_\_\_\_

Emergency Contact (Name and Phone Numbers):  
\_\_\_\_\_  
\_\_\_\_\_

Secondary Emergency Contact (Name and Phone Numbers):  
\_\_\_\_\_  
\_\_\_\_\_

Special Food/Dietary Restrictions:  
\_\_\_\_\_  
\_\_\_\_\_

Rain Gear size (jacket and pants):    **S**    **M**    **L**    **XL**    **XXL**    **XXXL**

A typed 2-page essay is required to be considered for participation. Please write an essay on all the following topics as it relates to your life and your community. You may include photos and/or artwork (digital or hand crafted).

- What do you believe are the most significant environmental issues facing tribes within the Great Lakes region and why? What do you believe should be done to lessen the harm that may result from these concerns?
- How is the career or degree you plan to pursue related to natural resources or environmental management? What area of natural resource management or environmental science interests you the most and why?
- How do you see the role of native scientists in bridging traditional ecological knowledge with contemporary/western natural resource management? Give examples of how traditional knowledge can help in resource management today.

## Participant Contract

*Acceptance to the summer youth camp in the 1854 Ceded Territory is a privilege, and requires students and parents to assume certain responsibilities.*

**PARTICIPANT:** I, \_\_\_\_\_, as part of the *Nenda –*

*Gikendan Noopiming gaye Nibiing* 2019 summer youth camp, accept the conditions stipulated below:

1. I will participate in and be on time to all sessions and activities, unless excused by a staff member.
2. I will comply with the high standard of conduct expected of all participants, and be respectful and courteous as a representative of my tribal community.
3. I will sleep where assigned and realize that I may be with people I have never met.
4. I understand that no one is allowed outside of sleeping quarters after 10:30 pm and that all lights must be out by 11:00 pm, and that there will be a bed check every night by a chaperone.
5. **I will not use drugs or alcohol during the camp. I understand that if I am found using or possessing drugs or alcohol, I will be sent home AT MY PARENTS' EXPENSE.**
6. I understand that I may be held responsible for any damage to camp equipment or facilities.
7. I understand that there must be quiet time between *11:00 pm and 6:00 am*.
8. I will adhere to these and all other rules of the camp and the Wolf Ridge Environmental Learning Center.
9. I understand that there will be no smoking allowed, tobacco will be used for traditional purposes only.

**Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Information**  
(To be filled out by the Parent/Guardian)

Participant Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Physician Name & Phone: \_\_\_\_\_

Medical Insurance Co.: \_\_\_\_\_

Policy #: \_\_\_\_\_

Does your youth wear glasses or contact lenses? \_\_\_\_\_

Does your youth have allergies (including food and medication)? \_\_\_\_\_

Hay Fever? \_\_\_ Sinus Problems? \_\_\_ Allergies to Bites/Stings? \_\_\_ Animal allergies? \_\_\_\_\_

Any special/emergency medication for allergies (inhaler, EPIpen)? \_\_\_\_\_

\_\_\_\_\_

Is your youth currently taking any other medications? (list all meds and their respective doses)

\_\_\_\_\_

\_\_\_\_\_

Please include any other information which you feel the camp coordinators should know about your youth:

(recent injuries, illness or operations? physical disabilities or activity restrictions?) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent Contract

PARENT/GUARDIAN: I have read, understand and agree with the terms below. Permission is given for my youth to participate in all activities and events, and for my youth to receive all necessary medical attention should the need arise, with the understanding that I will be contacted immediately. Furthermore:

- 1. I understand that the 1854 Treaty Authority or the staff/chaperones will not be responsible for any claims or losses of any kind sustained by my child from any cause whatsoever.
2. I give permission for any chaperone or staff member to render first aid if necessary.
3. I give my consent and permission for hospital staff to treat my child if needed in the case of emergency, with the understanding that I will be contacted immediately.
4. I understand that the youth will be chaperoned responsibly and every effort will be made to ensure a safe and enjoyable experience.
5. I understand that it is my responsibility to transport my youth to and from the 1854 Treaty Authority Duluth-office (4428 Haines Rd., Duluth, MN 55811), where camp will commence at noon on Monday July 29th, and conclude at 1pm on Friday August 2nd.
6. I understand that no drug or alcohol use or possession is permitted, and that if my son or daughter is caught under the influence I will pick him/her up immediately AT MY OWN EXPENSE.
7. I give permission for my child's picture to be taken in connection with the 1854 Treaty Authority's Nenda - Gikendan Noopiming gaye Nibiing summer youth camp and to be used in newspapers, television, magazine articles, videos and talks concerning the camp, without compensation.
8. I understand that as part of my youth's application, the Parent/Guardian Information Contract including participant's health information is required to be completed and on file.

Parent/Guardian Name (Print): \_\_\_\_\_

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

Applications Due: THURSDAY MAY 30TH, 2019

Please send completed application to:
Marne Kaeske, Cultural Preservation Specialist
E-mail: mkaeske@1854treatyauthority.org
Fax: 218-722-7003