

LTBB SPRING PROGRAM

1260 Ajijaak Avenue
Petoskey, MI 49770
231-242-1649
SpringGrant@ltbbodawa-nsn.gov

REGISTRATION

YOUTH INFORMATION

First and Last Name:

Gender: ☐ Male ☐ Female ☐ Non-Binary ☐ Transgender ☐ Genderfluid ☐ Agender ☐ Two-Spirit ☐ Prefer not to say

Pronouns: ☐ He/Him/His ☐ She/Her/Hers ☐ They/Them/Theirs ☐ Prefer not to say

Tribal Affiliation:

Full Address:

Current School: (If Applicable) Current Grade: (If Applicable)

DO YOU CONSENT TO HAVING YOUR YOUTH RECEIVE PREVENTION MESSAGES OR UPDATES FROM THE PROGRAM?

Email Address: Cellphone:

PARTICIPATION CONSENT

DO YOU CONSENT TO YOUR YOUTH PARTICIPATE IN ANY OF THE FOLLOWING SPRING STRATEGIES:

In-School Talking Circles? ☐ Yes ☐ No

Cultural Teachings? ☐ Yes ☐ No

Baagadowewin (Woodland Lacrosse)? ☐ Yes ☐ No

Culture Nights? ☐ Yes ☐ No

Paddle into New Generations Curriculum? ☐ Yes ☐ No

Summer Program? ☐ Yes ☐ No

Participation in Prevention Messages? ☐ Yes ☐ No

Drum Making & Lessons? ☐ Yes ☐ No

CONSENTING TO THE ABOVE, DOES NOT REQUIRE YOUR YOUTH TO PARTICIPATE. IT PROVIDES THEM THE OPTION TO ATTEND WITHOUT HAVING TO SIGN A REGISTRATION FORM FOR EACH STRATEGY OFFERED. SPRING WILL PROVIDE ADDITIONAL INFORMATION FOR CONSENTED EVENTS.

TRANSPORTATION INFORMATION

Is the Youth able to be picked up or dropped off at either the LTBB Government Center or LTBB Health Clinic?

Please indicate if Either Location Works / just the LTBB Government Center / just the LTBB Health Clinic / Transportation Assistance Requested.

If we are able to accommodate your transportation assistance, is the address listed above the same as the one for pick up and drop off?

If no, please enter in the exact address for pick up and drop off.

PLEASE NOTE: Transportation is limited due to staffing. Local pick up & drop off routes may be implemented to better assist our youth. We apologize as we may not be able to accommodate all locations.

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GUARDIAN AND EMERGENCY CONTACT INFORMATION

Please list Parent(s)/Guardian(s) Full Name, Relationship, and Phone Number

Tribal Affiliation:

Designated Emergency Contact Full Name, Relationship, and Phone Number:

In case Parent/Guardian cannot be reached.

DO YOU WANT RECEIVE PREVENTION MESSAGES OR UPDATES FROM THE PROGRAM?

Email Address:

Cellphone:

YOUTH HEALTH INFORMATION

DO ANY OF THE FOLLOWING APPLY TO YOUR YOUTH?

Dietary Restrictions? ☐ Yes ☐ No

Allergies? ☐ Yes ☐ No

Medical Conditions Requiring Monitoring? ☐ Yes ☐ No

Mental Health Disorders? ☐ Yes ☐ No

Medication Administration (When Participating)? ☐ Yes ☐ No

Other? ☐ Yes ☐ No

If you answered yes to any of the above, please describe:

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CONSENT TO MEDICAL TREATMENT

PLEASE INITIAL

☐

WHILE MY CHILD OR MYSELF IS ATTENDING OR TRAVELING TO OR FROM THE LTBB SPRING 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 MEDICAL TREATMENT. THIS AUTHORIZATION SHALL REMAIN EFFECTIVE FOR ONE YEAR 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.

☐

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 IS IT MY RESPONSIBILITY TO KEEP ANY INFORMATION ON THIS FORM UPDATED BY CONTACTING THE LTBB SPRING PROGRAM.

OR

☐

I DO NOT AUTHORIZE 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.

MEDIA RELEASE

PLEASE INITIAL IF YOU CONSENT

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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, AUDIO AND/OR VOICE OF THE YOUTH LISTED ON THIS FORM. 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, UNLESS SPECIFICALLY STATED IN THE MODIFIED TERMS BELOW.

ACKNOWLEDGE AND CONSENT

By signing this form, you acknowledge that you have read and understand the nature of SPRING's Program, and are consenting to the Youth's active participation for selected strategies. Authorization will be in effect for ONE YEAR from the date signed.

Parent/Legal Guardian Signature:

Date: