

LTBB YOUTH SERVICES SUMMER DAY CAMPS REGISTRATION FORM

Location: **LTBB Community Center**
5656 Ap Gish Mok Blvd, Harbor Springs, MI

**REGISTRATION
DEADLINES:**
JUNE 16th
JUNE 23rd
JULY 12th (teen)



Please select **one** day camp below:

WAABOOZ Day Camp, June 19th-June 23rd
○ Monday-Thursday, **9:30AM-4:30PM**, Friday 1/2 Day **9AM-12:30PM**
○ Tribal Youth Ages 6-8
○ Register by **Friday, June 16th**

Ma'iingan Day Camp, June 26th-June 30th
○ Monday-Thursday **9:30AM-4:30PM**, Friday 1/2 Day **9AM-12:30PM**
○ Tribal youth ages 9-12
○ Register by **Friday, June 23rd**

Migizi TEEN Camp, July 17th-19th
○ Monday-Wednesday, **9:30AM-4:30PM**
○ Tribal youth ages 13-18
○ Register by **Wednesday, July 12th**

**CAMP ITINERARY
PACKETS WILL BE
DISTRIBUTED TO
CARETAKERS ON
THE FIRST DAY OF
EACH CAMP**

Youth summer program seating is limited. Camp may be canceled at anytime, with little notice. Cancellations may occur due to weather, staffing, illness, building maintenance or other unforeseen circumstance.

Stay tuned for Indigenous Fashion Contest & Fashion Camp for older youth, July 24th-27th

PLEASE COMPLETE THE FOLLOWING ENROLLMENT INFORMATION:

Youth Full Name: _____

Physical Address: _____

Mailing address (ignore if same as mailing address): _____

Youth DOB: _____/_____/_____ Gender Pronoun (not required but helpful): _____

Youth Tribal Affiliation (LTBB enrolled, LTBB descendant, enrolled member of other tribe) enrollment # _____

Parent/Guardian names (print) _____

Parent Email: _____

Parent Texting Phone: _____ Work Phone _____

~~X~~ Initial here _____ to give Youth Services permission to use youth photos on LTBB Government website/program materials, Odawa Trails, program flyers, DOJ/OJJDP funding agency and social media.

Photos of registration forms are welcome as long as image is clear and cropped.

Please return this 2 page Summer Camps Registration form via email at

kdominic@LTBBODAWA-NSN.GOV

*or Drop off at the **Youth Services Mailbox** at LTBB Government Complex (Front Reception)*

Summer registration forms will be processed in order recieved

Late registration forms will not be processed after registration deadlines



WAANIIGAANZIIK YOUTH SERVICES

**WE DO NOT RECOMMEND MAILING
FORMS THIS YEAR AS LATE FORMS
WILL NOT BE PROCESSED**

Registration Form Summer 2023

Youth parents/caretakers:

Your consent is required for the LTBB Youth Services Summer Day Camps
If you approve, please complete and return the lower half of this form.
Please submit the signed form to Youth Director.

Activity Description: YS Summer Day Camps 2023

Location: LTBB Community Center, 5656 Ap Gish Mok Blvd, Harbor Springs, MI

Program Dates: Camp Dates are listed on page 1

**Contact person for
camp registration:**

Kristina Dominic-YS Director
Cell 231.340.1910

The following protocols will be adhered to for your child's safety:

- Temperature check and masking will be required for youth who fall ill during YS summer program (parents must pick-up ill child asap)
- Enhanced cleaning measures with CDC approved cleaning supplies
- Healthy lunch and snacks provided (please send bagged lunch and two healthy snacks if your child has special dietary needs)
- YS staff are not permitted to administer medications
- Bug spray and sunscreen provided by YS
- Please stay home if you or your child are not well
- Cell phones are not allowed during camp activities but may be stowed during camp activities
- Youth should wear comfortable walking shoes with socks or closed toed athletic sandals and bring rain jacket daily.
- Staff will notify parents if swimsuits are needed

PICK-UP/DROP-OFF INFO:

- **Drop off: 9AM-9:30AM, Pick up: 4PM-4:30PM**
- **1/2 Day drop off 8:45-9AM, Pick up by 12:30PM**
- **Late drop-offs and early pick-ups are not allowed as we may be off site**
- Transportation is limited, please inquire for availability, times & designated pick-up locations

I
[] allow
[] do not allow

my child _____ to participate in the YS Summer Program.

In the case that we cannot get a hold of parents/caretakers, please list an EMERGENCY contact that has your permission to pick up your child:

Name _____

Home Phone Number: _____

Work Phone Number: _____

Mobile Number: _____

Relationship to child: _____

MEDICAL/HEALTH INFORMATION:

Please list any **medications, medical or behavioral needs** that your child may have so that we may better accomodate your child's needs (please use backside if needed):

Permission for emergency Medical Treatment upon injury: **Y or N**

Food or other allergies, please specify _____

Family doctor & doctor/clinic phone number: _____

By signing this form I agree to the above safety policies as well as all program policies set by Youth Services.

Relationship to child: _____

Date signed: _____/_____/2023



Parent/Legal Guardian Signature

