

Onji-Akiing Summer Program

“From the Earth”

August 11-15 , 2025

Camp Nesbit Environmental Center, US Forest Rd 1400 Watton, MI
GLIFWC/USFS application

Participant

Name _____

Address _____

City _____ State _____ Zip code _____

Guardian Name _____ Guardian EMail _____

Grade Entering _____ Age _____ Applying for Junior Counselor

Tribe Affiliation _____ (if none, leave blank)

Phone # (____) _____

Gender _____ T-Shirt Size _____ (Adult)

Special Concerns _____

Known Allergies _____

Students ages 10-14 entering 5th-8th grade in the fall, are accepted on the basis of their essays and space availability. Youth applying as Junior Counselors must be 14-18 years old.

Parents/guardians will have to complete and sign health forms and permission forms for all camp activities.

Please attach another sheet of paper with a short essay (at least 100 words, written by youth) on why you want to attend the 2025 Camp Onji-Akiing Summer Program. Please include any special achievements, how this camp might help you in school, your community, and any life goals. Junior Counselors should focus their essays on why they would like to be a junior counselor and how it will help them achieve their goals.

For questions or concerns, please contact:

Jill Miller, GLIFWC Administrative Assistant Enforcement Division, Camp Director
(715) 292-9638

E-Mail application and essay to:

Jill Miller at ConservationOutreach@GLIFWC.org with the Subject: Camp Onji-Akiing Application

DEADLINE for applications is JULY 1, 2025



Onji-Akiing Camp Nesbit Watton, MI

August 11-15 , 2025



Corporation for
NATIONAL &
COMMUNITY
SERVICE



STUDENTS -Thank you for your interest in our program! We look forward to meeting you when you arrive!! **PARENTS/GUARDIANS**-Please fill out these forms and return by email by Monday, July 1, 2025.

Student Record Form

T-Shirt Size ☐ S ☐ M ☐ L ☐ XL ☐ XXL
(These are adult sized shirts)

First Name _____

Last Name _____

Gender _____

Address _____

City _____

State _____

Zip _____

Telephone _____

E-mail _____

Parents/Guardian _____

Address (if different) _____

Mobile Telephone # _____

Home Telephone # _____

Work Telephone # _____

Age _____

Grade Entering _____

Birthday _____

Please list any behavioral considerations we should note and suggestions on how to best address them.
Miigwech/Thanks.

Emergency numbers to use if we cannot reach parents/guardians

Print Full Name

Phone Number

Relationship to Student

Onji-Akiing 2025 - "From the Earth" Cultural Camp

Authorization and Agreements

Parent/ Guardian

I give my permission for (print child's name) _____ to attend and participate in GLIFWC/USFS Onji-Akiing Summer program to be held from **August 11-15 2025** at Camp Nesbit near Watton, Michigan. My child has permission to engage in all prescribed program activities, except for medical reasons as noted by me or by an examining physician. In case of injury, parents/legal guardians or an emergency contact person will be called immediately for their decision on medical treatment.

If a parent or the emergency contact person is not available, program staff will use our judgment as to what course of action to pursue and will continue to attempt contact. The program and our organizations will not be responsible for any costs incurred as a result of illness or injury. **Parents MUST notify program leadership** if child is exposed to **any communicable disease/condition** during the **two weeks prior** to program attendance.

I understand my child will be sent home if their behavior jeopardizes the other participants, jeopardizes the integrity of the program, or is not viewed as appropriate in anyway by the group leadership. If my child must return home for any reason, I will incur the cost of transporting them home or I will arrange transportation for my child within a realistic time specified by the program leadership.

I understand my child will be participating in program activities that include low ropes course, canoeing, group obstacle course, swimming, and warrior games. I understand that there may be inherent risks in these activities. I give my permission for my child to be photographed or videotaped and allow our group to release said pictures for program promotional or educational purposes only.

Signature of Parent/Guardian _____ Date _____

Student

I understand that I will be participating in program activities that include the physical, mental, emotional, and spiritual activities represented by Native American culture. I will practice positivity.

Student's initials and date _____ (Initial) _____ (Date)

Student Registration/Disclaimer

Canoeing and swimming activities/classes will be offered while your son/daughter is at the Onji-Akiing Summer program. These activities are supervised by certified staff. All people using the canoes will be required to wear life jackets.

Yes **No** My child is a swimmer.

Yes **No** I am aware that the program staff does not assume any responsibility for any injuries and/or damages incurred.

Yes **No** I am aware that the program staff cannot be held responsible for problems occurring due to a student not obeying established rules and policies.

GIRLS: The camp environment sometimes triggers or changes menstrual periods.

Has your daughter started? **Yes** **No** Have you explained it to her? **Yes** **No**

Is she prepared with supplies? _____

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Student Medical Treatment Authorization

Please complete this form to give an appropriate medical facility permission to treat the participant for minor injury or medical problems. In the event of serious injury or illness, the person designated will be contacted.

Print child's Name _____

Name of Primary Care Physician _____

Phone Number of Physician _____

Please answer the following by checking Yes or No for each question: If yes, please elaborate.

Yes	No	Does your child have any chronic problem or illness? _____
Yes	No	Does your child have any acute illnesses now? _____
Yes	No	Does your child have any infectious diseases at this time? _____
Yes	No	Does your child have any allergies? If Yes, Please List _____
Yes	No	Has your child attended an overnight camp? _____
Yes	No	Does your child have nightmares? _____
Yes	No	Is your child subject to sleepwalking? _____
Yes	No	Is a special diet necessary? If yes explain _____
Yes	No	Has your child been infected by poison ivy? _____
Yes	No	Does your child have any physical limitations? _____
Yes	No	Has your child been treated recently for some medical problem? _____
Yes	No	Any emotional health concern that will impact participation? _____
Yes	No	This child has a psychiatric diagnosis such as depression, OCD, panic/anxiety disorder
Yes	No	Does your child need an epi-pen? (If yes, TWO MUST be brought to camp by camper)
Yes	No	This child has had a significant life event that continues to affect his/her life and/or health.

If "yes" was the answer to any of the three statements above, attach a statement from parent/guardian and/or your child's professional (e.g., physician, psychiatrist, therapist that addresses the following with regard to your child's participation at camp:

- Describes the concern and the child's management plan (including medications) while at camp.
- Describes the behaviors that will indicate to our staff that your child needs professional referral; and
- Provides a recommendation from this professional supporting your child's participation in our camp program

Is there any history of:

Yes	No	Headaches Stomach/Bowel Problems	Yes	No	Blurred Vision
Yes	No	Rupture or Hernia	Yes	No	Fainting, Unconsciousness
Yes	No	Diabetes	Yes	No	Nose Bleeding
Yes	No	Skin Disease	Yes	No	Convulsions or Epilepsy
Yes	No	Painful Joints or Sprains	Yes	No	Asthma/Shortness of Breath
Yes	No	Backaches	Yes	No	Pneumonia
Yes	No	Previous Injuries	Yes	No	Heart Trouble or Murmur
Yes	No	Previous Surgery	Yes	No	Heart Pounding
Yes	No	Hospitalization	Yes	No	Kidney Disease
Yes	No	Smoking	Yes	No	Urine Burning
Yes	No	Incontinence	Other? Please List _____		

List Medications (on left) Each medication container (even aspirin) must be clearly labeled with the child's name, name of medication, dosage, and frequency of dosage (specific times are preferable). Medications must be given to the Program Medical Officer. If your child has **allergies to medications or local anesthetics**, list those medications below **to the right**.

MEDICATIONS

ALLERGIES TO MEDICATION/LOCAL ANESTHETICS

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Health Insurance Information - Print

Policyholder's name and relationship to participant _____

Policyholder's Address _____

City/State/Zip _____

Policy holder's phone number _____

Name and address of insurance company _____

If you have HMO, IHS, or PHP insurance, please list emergency phone number for treatment authorization purposes. _____

Name and address of policyholder's employer _____

Travel Authorization

The person(s) listed below have my permission to pick up my child in case of an emergency or if I am unable to pick up my child on the final day of the program [11:30 am CST on Friday, August 15, 2025]. I understand that and will inform this person that official program staff will require that the person show a form of identification upon pickup.

Print Full Name

Phone Number

Relationship to Student

1. _____

2. _____

Official Authorization

With my signature below, I authorize staff of the Onji-Akiing program to seek any medical or surgical treatment necessary for my child's care. I understand that first aid will be available; that the students will be closely supervised and that if a serious illness or injury develops, medical and/or hospital care will be given. However, the program staff is not responsible in case of accidental injury or illness. I further understand that in case of serious injury or illness I will be notified. If I cannot be contacted, I give permission for emergency treatment or surgery as recommended by the attending physician.

The Onji-Akiing Program is hereby authorized to incur medical costs necessary to provide medical treatment for which I shall be fully responsible. I also authorize the medical facility to release any and all information required to complete insurance claims and also authorize insurance payment directly to the medical facility.

Printed or typed name of parent or legal guardian _____

Signature of parent or legal guardian _____

Date _____

ONJI-AKIING *FROM THE EARTH* CULTURAL SUMMER CAMP PROGRAM

Participation Agreement:

By signing below, I signify that I will abide by all the described rules of respect for all person and property by the GLIFWC Onji-Akiing Summer Camp and program staff, participate in all expected activities, meals, lights out, and wake up times, and abide by all the camp's rules and regulations. Finally, that my child/ward agrees to fully participate in all scheduled activities which can include but are not limited to: canoeing, archery, team-building, cleaning, journaling, quilting, fishing, warrior games, moccasin games, and high ropes. We fully understand that a majority of activities will take place outdoors, even in cold temperatures. My child will also practice respect for self, others, facilities and the environment. I will practice good moral character and be positive and polite while at camp.

Participant Initial

Parent Initial

Risk/Dangers/Safety:

I am aware that participation in the Great Lakes Indian Fish and Wildlife Commission's (GLIFWC) sponsored activities poses certain physical, mental, and emotional challenges. I acknowledge that certain risks and dangers exist 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 damage to personal property, injury such as scrapes, cuts, bruises and though extremely rare, more serious injuries due to events (i.e. lightning) which are beyond the 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 (child/ward) have a personal responsibility and duty to learn and follow all safety standards, guidelines and procedures established by the instructor/facilitator and will make instructors/facilitators aware at any point during the activity in which I question my knowledge of these standards, guidelines and procedures, or my ability to participate.

Participant Initial

Parent Initial

Risk & Liability Consent:

I understand and assume all dangers (hazards or perils) and risks associated with these programs and activities and waive all claims or causes of action arising from my or my (child's/ward's) participation in GLIFWC activities and do hereby release the Great Lakes Indian Fish and Wildlife Commission, all persons and agents from liability which I may ever have against GLIFWC, its successors and assigns, its officers, employees, volunteers, agents, and their heirs, executors, and assigns. Furthermore, I give my consent to the instructors/facilitators or other medical personnel to treat me and my (child/ward) in a medical situation. My signature on this document is also intended to bind my successors, heirs, representatives, administrators and assigns.

Participant Initial

Parent Initial

Drug & Alcohol Free/No Weapons/ No Gang-Related Activity:

I understand that all GLIFWC programs and activities are “Drug Free” and that no Tobacco, Alcohol, or other illegal substances may be used or in possession during any Onji-Akiing activity. I also acknowledge that any type of weapon/ firearms or any materials that could cause damage or personal injury are strictly prohibited from the GLIFWC programs, activities, camps, and offices. No gang related activity will be tolerated represented through symbols, clothing, mannerism, signs, colors, etc.

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 cold or rainy weather. This includes hat, gloves, and rain gear. Clothing must fit and cover underwear and mid-drift areas should not be exposed. Closed-toe shoes must be brought to camp.

Participant Initial

Parent Initial

Photos/Videos/Publications:

I consent and authorize GLIFWC 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 the Great Lakes Indian Fish and Wildlife Commission. I understand that these photographs, negatives, and/or videotapes may be used in educational settings, and/or 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

CONTACT**Jill Miller,**

715-292-9638

conservationoutreach@glifwc.org

Minor's Release Form

Today's Date

.....
(mm/dd/yyyy)

Unit

.....
(National Forest or Unit Name)

**Photo/Video
Product Name**

.....
Name of product (photo and/or video)

I hereby give my consent to the USDA Forest Service for the free and unrestricted use of my likeness and voice in an image and/or video recording(s). By signing below, I am aware that if used, they will be in the public domain and may appear on video, web, or printed media.

Name

.....
Minor's printed name and parent/guardian's printed name

Address

.....
Street

.....
City, State, ZIP

.....
Phone

Email

Signature

.....
Parent/guardian's signature



**Forest
Service**

Caring for the Land and Serving People