

# Onji-Akiing Summer Program

“From the Earth”

August 3-7 , 2026

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)

Guardian Phone # (\_\_\_\_) \_\_\_\_\_

Gender \_\_\_\_\_ T-Shirt Size \_\_\_\_\_ (Adult)

Special Concerns \_\_\_\_\_

Known Allergies \_\_\_\_\_

Has your child been to GLIFWC's Camp Onji-Akiing before? Yes          No

Limited transportation may be available, but is not guaranteed. Do you need help transporting your youth to camp? Yes          No

Students ages 10-14 entering 5<sup>th</sup>-8<sup>th</sup> 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 and entering 9<sup>th</sup>-12<sup>th</sup> grade in the fall. Junior Counselors will be accepted on the basis of their essays and if they have been campers at Camp Onji-Aiing in past years. Parents/guardians must 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 2026 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, 2026**



# Onji-Akiing Camp Nesbit Watton, MI

August 3-7 , 2026



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, 2026.

## Student Record Form

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Gender \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Parents/Guardian \_\_\_\_\_

Address (if different) \_\_\_\_\_

Mobile Telephone \_\_\_\_\_

Home Telephone \_\_\_\_\_

Work Telephone \_\_\_\_\_

Age \_\_\_\_\_

Grade  
Entering \_\_\_\_\_

Birthdate \_\_\_\_\_

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 2026 - "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 3-7 2026** 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? \_\_\_\_\_

# Onji-Akiing 2026 - "From the Earth" Cultural Camp

## 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? ( <b>If yes, TWO MUST be brought to camp by camper</b> )        |
| 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:

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

### Is there any history of:

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

**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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# Onji-Akiing 2026 - "From the Earth" Cultural Camp

## 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 7, 2026]. 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](mailto:conservationoutreach@glifwc.org)

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# 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*