



**Grand Traverse Band (GTB)
Gneejawnisananik "Our Children's Camp"
Application 2016
DEADLINE JUNE 17TH, 2016**



Gneejawnisananik "Our Children's Camp"

Is an experiential learning summer camp for GTB girls & boys who will come together to celebrate their Native heritage and culture while having fun as they are challenged to follow the teachings of the seven Grandfathers'.

Programs/Activities

To provide Learning & Recreational experience's in a culturally-based setting where children can explore cultural values, social relationships in a safe non-judgmental nurturing environment. Recreational programs offer sports, games, swimming and in a fun-competitive format. All activities are age specific. Creative expression and planning skills are encouraged in our craft workshops.



Campers

Campers are assigned to clans of no more than 10 campers. Each clan is led by individual counselors who are responsible for ensuring the well-being of each camper and keeping the fun-level high!

CAMP DATES & AGES

July 31 - Aug. 6th

Ages 8—11yrs

AUG 7-13TH

AGES 12-14YRS

Counselors

In order to provide positive role models staff are selected and trained to model outstanding qualities for our campers. They are experienced and committed to helping our children to flourish mentally, physically and spiritually. Counselors work with each camper to develop goals while giving encouragement and support along the way. Counselors were selected to be part of camp because they are friendly, have a genuine love of children and value Native American cultural and heritage.

Camp Setting

The camp is an indoor/outdoor facility with showers and indoor toilets, an indoor meeting area and mess hall. The camp has cabins for the campers to sleep in. It has a fire pit, nature trails, small creek, cultural workshops and programs. "Our Children's Camp" is for GTB Youth ages 8 to 14 years old living in the six county service area of the GTB which include the counties of, Antrim, Benzie, Charlevoix, Grand Traverse, Leelanau and Manistee.

For more Information contact:

Co-Camp Director/Administrator

TaShena Sams

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Camp Director

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Department Manager

Dawn Shenoskey

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CAMP IS LIMITED TO 40 CAMPERS PER CAMP AND ENROLLMENT WILL BE BASED ON A FIRST COME FIRST SERVE BASIS.

PLEASE RETURN CAMPER ENROLLMENT FORM BY MAIL TO THE GRAND TRAVERSE BAND YOUTH SERVICES ATTEN:

TASHENA SAMS 2605 N WEST BAY SHORE DR, PESHAWBESTOWN, MI 49682.

All enrollment forms will receive a date stamp upon receipt

The GTB ~ Gneejawnisananik camp is funded by the Grand Traverse Band of Ottawa & Chippewa Indians.



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DEADLINE June 17th 2016

Campers Name: _____ Likes to be called: _____ Male Female
 DOB: _____ Age: _____ Tribe: _____ Tribal ID # _____ N/A
 Parent /Guardian: _____
 Campers Address: _____
 Home Phone: _____ Cell Phone: _____ Text Message: YES NO

Medical Information & Medical Authorization

In case of an emergency, accident or illness to the camper mentioned above the GTB ~ Gneejawnisananik ~ —Our Children's Camp" Staff is authorized to seek medical attention and to contact the following:

Contact Name: _____ Relationship: _____
 Phone #: _____ Alternative Phone #: _____

List any health conditions or concerns that may need special attention (bee sting, allergies, epilepsy, diabetes, chronic health problems, etc.).
 Is there any physical disability (s), which would prevent your child from participating in certain activities? Attach additional paper if needed.

Date of last tetanus shot? _____ Will camper need medication while at camp? Yes No If yes, please list:

Liability Release

In consideration of my child's opportunity to participate in this program. I do hereby agree to relinquish the ~ Gneejawnisananik ~ —Our Children's Camp" staff, and contractors harmless and free from any liability which may arise from or be incurred as a result of any transactions and/or occurrences directly/indirectly associated with my child's participation in the GTB overnight camp program. I give permission for my son or daughter to participate in the ~ Gneejawnisananik ~ —Our Children's Camp". I have read and completed this form and understand there are inherent risks associated with physical activity and recognize it is my responsibility to provide complete health history information. I will not allow my child to attend if they are not in good physical condition or if they have been exposed to any contagious disease prior to the camp start date. To the best of my knowledge there are no contraindications to my son or daughter's participation in all camp activities both on and off the camp ground location

Parent/Guardian Signature: _____ Date: _____
 Parent/Guardian Name (Print): _____ Date: _____

I give permission for information to be released to other programs within the tribe and/or medical personnel as deemed necessary by camp staff and only pertaining to camp sponsored activities. I also understand the Grand Traverse Band Programs retains the right to use for publicity and advertising purposes, photographs and videotapes of the participants.

Parent/Guardian Signature: _____ Date: _____
 Parent/Guardian Name (Print): _____ Date: _____

Camper

I understand participating in the ~ Gneejawnisananik ~ Our Children's Camp ~ is a privilege and that I will participate and that my attitude shall be to give 100% at all activities. I also pledge to be a good citizen while at camp as well as in community, by being a positive role model. I also pledge to remain substance/alcohol and drug free and have no confrontations with county, state, federal and tribal law enforcement. I agree to follow the rules set and discussed prior to and upon arrival at my camp session. I understand that if I break the rules set for me I will be asked to leave the camp and my parents will be notified to pick me up.

Camper Signature: _____ Date _____

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Office Use	<input type="checkbox"/> Reviewed application with camper & Parents	<input type="checkbox"/> Notified parent of pick up time on Saturday
	<input type="checkbox"/> Reviewed the process in the your child is asked to leave camp for not following rules set in place for campers	
Staff Signature	_____	Date: _____