



Grand Valley State University  
**Anishinaabe Student Leadership Camp**  
**APPLICATION**  
**June 19 - June 22, 2023**

FULL NAME: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender: \_\_\_\_\_

Do you have a roommate who you would like to room with? If so, what is their name? \_\_\_\_\_

High school student will attend next fall: \_\_\_\_\_ Class of \_\_\_\_\_

Parent/Legal Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address Apt # City Zip Code

Home #: \_\_\_\_\_ Parent/Legal Guardian's Cell #: \_\_\_\_\_ Parent/Legal Guardian's Work #: \_\_\_\_\_

Parent/Legal Guardian's Email: \_\_\_\_\_ Student's Cell #: \_\_\_\_\_

What is your academic interest: \_\_\_\_\_ Student's Email: \_\_\_\_\_

Tribal Affiliation or Tribal descendency \_\_\_\_\_

**Use the space below to tell us a little bit about yourself and why you're interested in participating in this camp.**

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\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date





Grand Valley State University  
Anishinaabe Student Leadership Camp

**PARENTAL RELEASE FORM**

Student Name: \_\_\_\_\_

Parent/Legal Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address Apt # City Zip Code

Home #: \_\_\_\_\_ Parent/Legal Guardian's Cell #: \_\_\_\_\_ Parent/Legal Guardian's Work #: \_\_\_\_\_

High school student will attend this fall: \_\_\_\_\_

The student named above has been accepted to the GVSU Anishinaabe Student Leadership Camp. In order to assess your child's academic needs and monitor yearly progress, we will need to access academic and school records. The completion of this form and your signature indicates that you have given the appropriate staff sanctioned by Anishinaabe Student Leadership Camp at GVSU permission to review such records, use your child's photo/image in program related materials on the GVSU Native American advisory board website, and/or on program social media sites (please check each action):

- ☐ Access your child's academic records and other pertinent school records
- ☐ Talk to teachers and staff regarding your child's academic progress
- ☐ Give permission for my child's photo/image and/or name to be used on the GVSU website, as well as used in newsletters and/or brochures distributed by the program/published about the program & its successes

**The signature below acknowledges permission of the above release of information, and I understand this permission is for program activities Period of June 19, 2023 to June 22, 2023.**

This permission will remain in effect as part of official GVSU permanent records until *(student name)*  
\_\_\_\_\_ graduates, leaves high school, or until I withdraw this permission in writing.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date





Anishinaabe Student Leadership Camp  
ASSUMPTION OF RISK, INFORMED CONSENT

PERMISSION TO TRAVEL AND TO AUTHORIZE EMERGENCY MEDICAL TREATMENT

Student Name \_\_\_\_\_  
Last First MI DOB  
Home Address \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Alternative contact if you cannot be reached \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone number \_\_\_\_\_

MEDICAL INFORMATION

List known allergies (food, medications, etc.) If none, so state \_\_\_\_\_  
List special medical conditions. If none, so state \_\_\_\_\_  
List any medication(s) the student is presently taking and the purpose. If none, so state \_\_\_\_\_

MEDICAL INSURANCE INFORMATION

Medical Insurance Company \_\_\_\_\_  
Do you utilize IHS services \_\_\_\_\_ ?  
If you have a card, please provide a copy of the card or policy # \_\_\_\_\_  
Current Physician \_\_\_\_\_ Phone #: \_\_\_\_\_ Ins. Co. Phone # \_\_\_\_\_  
*Please attach a copy of your medical insurance identification card. If none check do not have* \_\_\_\_\_  
If you do not have medical insurance coverage please read and signs the following:  
For and in consideration of emergency services and goods rendered by or through the attending physician(s), the undersigned hereby guarantees payment in full immediately upon receipt of the final billing.  
Signature of responsible party: \_\_\_\_\_ Relationship to student \_\_\_\_\_

CONSENT FOR TRAVEL AND FOR MEDICAL TREATMENT

I, the undersigned, being the parent or the legal guardian of the above named student hereby grant permission for the above named student to participate and travel to with and to GVSU campus and camp activities while participating in the program. Hereby grant authorization to the supervisor(s) or chaperone(s) of this school trip to obtain any emergency medical and/or surgical treatment and procedures from a physician or hospital emergency room physician on behalf of the above named minor. I also grant permission for the supervisor(s)/chaperone(s) to administer medication as indicated by physician.  
I understand that this permission will remain in effect as part of official GVSU permanent records until (*student name*) \_\_\_\_\_ graduates, leaves high school, or until I withdraw this permission in writing.

Signature of person giving consent \_\_\_\_\_ Date \_\_\_\_\_ Relationship to student \_\_\_\_\_

State of Michigan  
County of \_\_\_\_\_  
On \_\_\_\_\_, 20\_\_\_\_, \_\_\_\_\_ personally appeared before me,  
\_\_\_\_\_, Who is personally known to me?  
\_\_\_\_\_, Whose identity I proved on the basis of \_\_\_\_\_  
\_\_\_\_\_, Whose identity I proved on the oath/affirmation of \_\_\_\_\_  
to be the signer of the above document, and he/she acknowledged that he/she signed it.