



Grand Valley State University
Anishinaabe Student Leadership Camp
APPLICATION
June 17 - June 20, 2024

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.

Student Signature

Date

Parent/Legal Guardian Signature

Date





Grand Valley State University
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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 17, 2023 to June 20, 2024.

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