



CAMP CALENDAR

A Adventures

C Community
Education Center

R Recreation

AP Arts Program

F Fitness

	WEEK	2016	ACTIVITY / AGE	TIME	LOCATION	COST
AP	1 week	June 13-17 (Monday - Friday)	Kid's Arts Made Public! – 9-13 Yr.	12:30-4:30 pm	Arts Cottage	\$30
R	3 week	June 13-July 1 (Monday - Friday)	Recreation Summer Program – 5-6 & 7-8 Yr.	12-4 pm	Recreation	Call
A	1 week	June 20-24 (Monday - Friday)	Paddling Camp – 9-13 Yr.	1-4 pm	NHC Pond	\$30
AP	1 week	June 27-30 (Monday - Thursday)	Fitness Camp – 8-14 Yr.	1-4 pm	Family Fitness	\$30
A	1 week	July 5-8 (Tuesday - Friday)	Arts for Everyone – 7-12 Yr.	10 am-4 pm	Arts Cottage	\$30
A	1 week	July 11-15 (Monday - Friday)	Adventure Camp – 9-13 Yr.	1-4 pm	NHC Pond	\$30
C	1 week	July 11-15 (Monday - Friday)	Math Mania – 9-10 Yr.	10-11 am	CEC	\$30
C	1 week	July 11-15 (Monday - Friday)	Members Only Book Club – 10-13 Yr.	9-11 am	CEC	\$30
R	3 week	July 11-29 (Monday - Friday)	Recreation Summer Program – 5-6 Yr. & 9-10 Yr.	12-4 pm	Recreation	Call
F	1 week	July 18-21 (Monday - Thursday)	Wellness Camp – 10-14 Yr.	1-4 pm	Family Fitness	\$30
C	1 week	July 18-22 (Monday - Friday)	Lego Robotics – 9-10 Yr.	9-11 am	CEC	\$30
C	1 week	July 18-22 (Monday - Friday)	Creative Writing – 10-13 Yr.	9-11 am	CEC	\$30
A	1 week	July 25-29 (Monday - Friday)	Climbing Camp – 9-13 Yr.	1-4 pm	Behind Fitness	\$30
AP	3 week	July 25 -Aug. 11 (Monday - Thursday)	Music from our Culture – 7-14 Yr.	8:30 am- 12:30 pm	Arts Cottage	\$30
R	2 week	Aug. 1-12 (Monday - Friday)	Recreation Summer Program – 11-14 Yr.	12-4 pm	Recreation	Call
C	3 week	Aug. 15-19 (Monday - Thursday)	Lego Robotics – 11-13 Yr.	9-11 am	CEC	\$30



2016 SUMMER CAMP REGISTRATION FORM



ARTS, FITNESS & ADVENTURE, COMMUNITY EDUCATION CENTER

**Please contact the Recreation Dept. to register for their programs.*

Child's Last Name: _____ First Name: _____

Birthday date (month, date, year): _____ / _____ / _____ Check one: Boy Girl

Grade School Level: _____ School Attending Fall 2016: _____

Home Address: _____ City, State, Zip: _____

Name of Parent/Guardian: _____

Telephone: Work: _____ Cell: _____ Evening: _____

E-mail Address: _____ Confirmation Preference? E-mail Mail

Scholarship Request: Yes No If yes, please fill our scholarship application The scholarship form and letter from the school must be submitted with the registration to be considered.

Payment: Cost is \$30 per camp or \$10 per camp with completed valid scholarship form.

Camp Sessions Requested: Program _____ Week Number _____ Cost _____

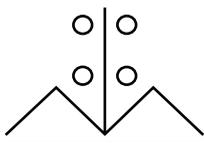
Total – Programs: Add up all camp programs to get your sub-total \$ _____

Sorry, refunds are not available.

PAYMENT TYPE:

Cash Check _____ Amount Received: _____ Date paid: _____

Staff Initials: _____



SCHOLARSHIP APPLICATION

Oneida Tribe of Indians of Wisconsin

2016 Youth Summer Programs

Application for Scholarship Consideration for Arts, Fitness & Adventure, Community Education Center

***Please note: Recreation programs are not eligible for scholarships.**

Today's Date: _____

Parent/Guardian Name: _____
please print

Child's Name: _____
please print

Birth Date: _____

Name of School Attended 2015-2016: _____
please print

Please consider my child for scholarships in the following programs offered through **Arts, Fitness, Adventure, or Community Education Center** because my child qualified for the Free Lunch Program in the 2015-2016 school year:

Insert Program Name _____

Insert Program Name _____

Insert Program Name _____

I have included a copy of the letter from the school stating that my child qualified for Free Lunch in 2015-2016.

I understand that with this scholarship I am responsible to pay \$10 per camp per child.

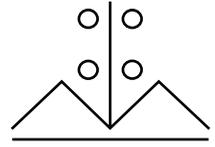
NOTE: All paperwork and payment must be received to reserve a camp spot.

Parent's Signature

Date



INFORMED CONSENT & MEDICAL DISCLOSURE



Oneida Tribe of Indians of Wisconsin 2016 Youth Summer Programs

INFORMED CONSENT & MEDICAL DISCLOSURE for my CHILD to PARTICIPATE

Please read and initial each item. Informed consent must be included with registration form.

CHILD'S NAME: _____

_____ **PARTICIPATION:** I give my permission for my child to participate in the Oneida Tribe's Summer Youth Programs through the Family Fitness Program, Recreation Program, Adventure Program, Arts Program and/or Community Education Center. I understand that the activities in these programs include physical activities, such as swimming, running, biking, climbing, or sports; performance activities such as: singing, acting and dancing; educational activities and/or field trips. I understand that my child is participating in this event voluntarily and I agree not to hold the Oneida Tribe liable for anything that happens to my child during his/her participation in this event.

_____ **SHARED INFORMATION:** I understand and give you permission to share the informed consent and medical disclosure form with the other Youth Summer Programs (listed above) that my child is participating in.

_____ **PROMOTIONS:** I give you permission to take my child's photograph or video during his/her participation in this event. I understand that the materials may be used by the programs or Oneida Tribe for promotional use.

_____ **HEALTH ISSUES:** I understand that it is my responsibility to inform you about any health issues, including allergies, my child has which may affect his/her participation in this event.

My child has health issues (if yes, please check all that apply to your child): No Yes

Seizures ADD/ADHD Asthma Diabetes Autism Other _____

Allergies, (please list including food): _____

➔ **NOTE:** The Oneida Tribal programs will NOT be responsible for administering medication to your child(ren). Please fill out the following information if your child will be taking medication during Summer Programs. ←

Is your child currently taking any medications? No Yes

What medicine does your child take (if none, please write NONE on the line)? _____

Does your child take medication on his/her own? No Yes

If not, name of person administering medication: _____

Is there a specific time medication needs to be taken? No Yes If yes, what time? _____

Please list any warning signs if medication has not been taken or any other special instructions for your child's well-being: _____

EMERGENCY TREATMENT: In the event my child is injured or becomes ill while attending summer programs, every effort will be made to contact parent/guardian immediately. In the event we are unable to contact parent/guardian or emergency contact person, may we have permission to seek appropriate medical treatment? Please indicate your response by placing an X on the appropriate box.

No Yes

EMERGENCY CONTACT:

Parent Name: _____ Phone number: _____

Other Name: _____ Relationship: _____ Phone number: _____

PHYSICIAN INFORMATION (if desired): Family Doctor: _____

Phone Number: _____

Signature of parent/guardian



Date