

# YOUTH CULTURE CAMP

## Application Checklist and General Information

Dear Youth Applicant and Parents/Guardians:

Pōsōh! Thank you for your interest in Youth Culture Camp. Please use this checklist to keep track of your application requirements and to ensure a completed application is submitted.

- Read overview
- Youth Culture Camp Application - Answer all of the questions
- Youth Camp Essay
- Consent for Medical Administration and Medical Treatment form
- Parent/Guardian Signature on Photograph Release Agreement
- Read Camp Rules and Sign
- **Return all completed applications to Historic Preservation**



### Menominee Historic Preservation

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Keshena, WI 54135

Phone: (715) 799-5258

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### YOUTH CULTURE CAMP

**Pōsōh āneq nāp?**  
**(Hello, how are you today?)**

Culture Camp is designed for young adults to provide an opportunity for spiritual growth and strengthening of our cultural identity.

Youth chosen to participate in Culture Camp will gain experience through hands-on learning discussion groups, and field trips. A number of cultural activities will be offered throughout the camp period. Menominee Culture and Language are beneficial to the growth of our young people, strengthening their knowledge, respect and developing a unique bond with our tribal people and with our land.

This week-long program focuses on students between the ages of 12 and 17. There is no cost to attend the camp. The first **30** completed applications with youth who are within the age requirements for camp will be accepted to ensure applicable room and the adequate attention needed for learning and safety.

During camp, if there is severe weather, the culture camp staff will be notified immediately and if warranted, other means of shelter will be provided for the youth and staff. When conditions subside, they will then be returned back to the campsite.

## **CAMP DATES**

**July 21-26, 2024**

**Application Deadline July 12, 2024 by 4:30 to Historic Preservation Office**

Applications are available at the Historic Preservation and Omaeqnomenewak Wetohatikamek (FACE Center). Online applications are now available for you to print at <https://www.menominee-nsn.gov/CulturePages/CulturalMuseum.aspx>

We hope you have a great summer and we look forward to meeting you!

If you have any question please call the Historic Preservation Office at (715) 799-5258.

**Parents/guardians keep pages 1-3 and return application pages 4-9 to Historic Preservation by July 12, 2023 @ 4:30**

## **YOUTH CULTURE CAMP**

### **RECOMMENDED PACKING LIST**

**~Please, let us know if there are any items that you may need, supplies will be provided if needed~**

**\*If your child has a tent please bring it as well.\***

**Hygiene Bag will be Provided with the following items:**

- Toothbrush & toothpaste, shampoo, deodorant, brush/comb, sanitizer, socks, soap, q-tips, sunblock, flashlight, women personal items, camp dish bag (if you have one PLEASE bring it to camp or one will be provided!)

### **CLOTHING**

- Enough clothes for 5 days (Shirts, pants/shorts, underwear, socks)
- Long pants to wear during hikes
- Raincoat - umbrella
- Light Jacket or sweatshirts
- Swimwear
- Old shoes - sneakers to wear on hikes
- Flip-flops or sandals

### **PERSONAL GEAR**

- Tent (if you have one)
- Medications must be in original container with patient's name (if prescription) labeled and given to the Camp Health Supervisor

- Towel
- Sleeping bag or Blankets and pillow

**DO NOT BRING TO CAMP**

- ★ Radios, CDs, iPads, iPods or Cell Phones (one will be available at camp if needed)
- ★ Alcohol, Tobacco, or other drugs
- ★ Firearms, knives, or explosives/fireworks
- ★ Candy, chewing gum or other snacks
- ★ Electronic Games
- ★ Flashlights with radios

**Please do not let your children store personal money or valuables during camp time, as it may have a way of getting lost or stolen. We thank you for your understanding and cooperation.**

## YOUTH CULTURE CAMP

**Omāēnomenēwak Ahkanom Kes-siqteyah**

**(The Menominee, how we lived in the past)**

**\*NOTE\* Your child will be tested for COVID the morning of Camp. We will provide the tests.**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Menominee Name (if applicable): \_\_\_\_\_

Clan (if known): \_\_\_\_\_

Address: \_\_\_\_\_

Age: \_\_\_\_\_ (12-17) DOB: \_\_\_\_\_ Male or Female (Circle one)

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

Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Does your child have any food allergies? \_\_\_\_\_

**\*\*Emergency Contact Name:** \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

If for any reason a child must be taken home during the course of the camp, please give a location if different from address: \_\_\_\_\_

Phone: \_\_\_\_\_

Has participant attended this camp before? \_\_\_\_\_

Please describe your child's temperament: (Circle one)

Shy Quiet Aggressive Sensitive Outgoing Nervous Happy Moody Hyperactive

What cultural skills does he/she know? \_\_\_\_\_

## YOUTH CULTURE CAMP

What are his/her hobbies? \_\_\_\_\_

Does he/she know how to swim?                      Yes                      No

Shirt Size:    S        M        L        XL        XXL

Please list any fears we need to know about: \_\_\_\_\_

What do you think he/she will be able to gain by attending culture camp? \_\_\_\_\_  
\_\_\_\_\_

Will your child need additional assistance during the camp?: \_\_\_\_\_

Are there physical limitations?

Explain: \_\_\_\_\_  
\_\_\_\_\_

If necessary, are we able to give your child over the counter medications (ex. Aspirin, ibuprofen, pepto, etc.):  
\_\_\_\_\_

Who will be picking your child up on **Friday at 4:00 at the Museum**?

**The screening committee of the culture camp reserves the right to refuse admittance to the camp if the information asked on this form is not fully completed and the essay is not attached. We will only be accepting the first 30 completed applications and youth within the age limits for each camp.**

# Māēhnow-pemātesenon Yohpeh

(Live well this day)

## YOUTH CULTURE CAMP

### CAMP RULES:

1. NO TECHNOLOGY ALLOWED!
2. Be respectful to other campers, counselors, and visitors (i.e. no bullying, swearing, name calling, horse playing, hitting, punching).
3. Respect each other's property and the campsite (i.e. no stealing, vandalizing, littering).
4. No questioning the authority of the camp counselors.
5. Gang insignia will be prohibited.
6. No Clothing with Alcohol or Drug Paraphernalia.
7. No leaving designated campgrounds without permission.
8. Must commit to learning about my language, history and culture at one's own pace.

\*Failure to abide by these rules may result in removal from camp\*

I have read and understand and agree to comply with the above rules and regulations.

I hereby give permission for \_\_\_\_\_ to attend the Youth Culture Camp 2023 located at Wayka Falls.

Participant's Signature: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

## YOUTH CULTURE CAMP

### CONSENT FOR MEDICATION ADMINISTRATION and MEDICAL TREATMENT

To the Parent(s) or Legal Guardian:

If your son, daughter or ward will be under the age of 18 while at camp, it is camp policy to secure your consent for medication distribution and for the use of medical devices. The medication or medical device can be self-administered or be administered by the Camp Health Supervisor.

All medications must be in a medicine bottle and labeled with the camper's name, doctor's name and phone number, medication name, and dosage. You must also complete the form below:

No medication has been brought to camp.

I want the medication or medical devices self-administered (age 14 and above only).

I want the medication or medical device administered by the Camp Health Supervisor. However, a limited amount of medication for life threatening conditions may be carried by my son/daughter/ward (i.e. bee sting kits, inhalers).

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Name of Medication(s)

Prescribing Doctor

Doctor's Phone Number

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Amount to be Taken

How is it taken?

When to be administered

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Day(s) to be taken

Special Instructions

- ★ If your son, daughter or ward will be under the age of 18 while at camp, it is camp policy to secure your consent for medical treatment.
- ★ By signing below you are giving your consent in advance for medical treatment at an appropriate medical facility in case of illness or injury.
- ★ By signing below you are stating that you are aware of and accept the risk inherent in the program activity.

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Participant's Name

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Signature of Onēkehekomaw (Parent or Guardian)

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Date

## **YOUTH CULTURE CAMP**

### **PHOTOGRAPH RELEASE AGREEMENT**

I \_\_\_\_\_, as a parent of a participant in the Omāēqnomenēwak Youth Day Culture Camp at Wayka Falls, I give the Menominee Historic Preservation Office all rights, title and interest of video recording and photographs taken during the Omāēqnomenēwak Youth Culture Camp and that said productions shall be used in the public domain.

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**Signature of Adult Representative**

## **YOUTH CULTURE CAMP**

### **CULTURE CAMP ESSAY**

All applicants are required to write a 100-word essay on why he/she would like to attend culture camp. **Please complete the essay to be considered.**

**I would like to attend culture camp because.....**

