



Youth Council Registration - 2024-2025 Season

Keep this page for your records

About the program: Youth ages 14-17 will have the opportunity to gain leadership skills, improve their communities, and participate in positive youth development opportunities through membership on the St. Croix Tribal Youth Council. Through their collective advocacy and action, the youth can serve as a catalyst to bring about positive change for the Tribe. Members of the Youth Council will have a voice in Youth Council Membership Meetings and Youth Council Community Committee Meetings. Members will vote on matters submitted to the Youth Council, and elect their own officers of Youth Council as per the Youth Council Bylaws.

Stipends: Members of the Youth Tribal Council will be eligible for a stipend administered by the Adult Advisory Committee. The stipend amount will be dependent upon their participation in meetings facilitated by the Adult Advisory Committee/YES Program Coordinator and participation in opportunities/activities approved by the Adult Advisory Committee.

The estimated stipend amount for the 2024-2025 season is expected to be up to \$100 per month. The final stipend information for the 2024-2025 season, including eligible activities and official timesheet/activity logs will be available during the first Youth Council Membership Meeting and will also be provided in writing to all members via email or Remind App.

Youth MUST submit a W-9 prior to any stipends being issued. Youth MUST sign-in at each Youth Council Meeting with the Adult Advisory Committee/YES Program Coordinator and must sign-in at each Community Service Activity with their Community Coordinator (or designee approved by the Adult Advisory Committee). Stipends will be provided by check, available for pick-up during Youth Council Membership Meetings.

Transportation: Youth members and/or parents/guardians are responsible for youth transportation to meetings. Transportation can be requested through the Community Coordinators or Community Transporters. If transportation is available to certain meetings, members will be notified.

Schedule: **The first meeting of the season will take place on November 12th 5-7pm at the Tribal Center Gym.** Use this link or scan the barcode with your phone camera to view scheduled meetings.
<https://docs.google.com/spreadsheets/d/1zDMEDyVMhHRIAMKmhl8GbcwCjO46h3i0GgbbCkZv9Q8/e/dit?usp=sharing>



Scan for schedule

Contact - Laura Merchant | YES Program Coordinator
lauram@stcroixojibwe-nsn.gov | 715-349-2195 Ext 5105



Scan for RemindApp



YOUTH COUNCIL REGISTRATION 2024-2025

Part 1: Fill out the following information completely!

Asterisks (*) indicate required information

Full

Name*

First Name

Last Name

M.I

Mailing

Address*

Street

City

State

Zip

Physical

Address*

Street

City

State

Zip

youth

Phone

youth Email

Address*

School Attended*

Current Grade*

Age*

Parent Full

Name*

First Name

Last Name

M.I

Parent

Phone*

Parent Email

Address*

Youth's Tribal Affiliation*

(name of the Tribe) _____

- Enrolled (Youth is an enrolled member)
- Descendant (Youth is the child/grandchild, etc of a parent/guardian, grandparent, etc who is a member)

St. Croix Tribal Community of Residence* (Circle below)

Sand Lake (Gaslyn/Bashaw)

Maple Plain

Round Lake

Danbury



CERTIFICATE OF HEALTH

(Sign and Return to the YES Program Coordinator)

This certificate is designed to provide the Adult Advisory Committee, YES Program Coordinator, and Community Coordinator with information concerning your child's health and general welfare. The information provided on this certificate will be used only for the youth's safety and welfare while attending meetings and functions. Please list 2 emergency contacts and fill in any information required.

Child's Full

Name* _____
First Name
Last Name
M.I

Emergency Contact Name*
Relationship*
Phone Number*

Emergency Contact Name*
Relationship*
Phone Number*

Does your child have a history of any of the following? If so, please provide an explanation, including any currently prescribed medication or procedures needed.*

1. No ___ Yes ___ Heart Disease (e.g., Mitral Valve Prolapse, Murmur)
2. No ___ Yes ___ Lung Disease (e.g., Asthma, Tuberculosis)
3. No ___ Yes ___ Neurological (e.g., Seizures, Migraine)
4. No ___ Yes ___ Mental (e.g., Nervousness, Angry Outbursts)
5. No ___ Yes ___ Unconsciousness (e.g., Passing Out, Head Injury)
6. No ___ Yes ___ Hearing Loss
7. No ___ Yes ___ Anemia/Sickle Cell Disease or Trait
8. No ___ Yes ___ Rheumatic Fever
9. No ___ Yes ___ Past surgeries or hospitalizations
10. No ___ Yes ___ Lengthy illness
11. No ___ Yes ___ Visual problems
12. No ___ Yes ___ Physical limitations
13. No ___ Yes ___ Current medications
14. No ___ Yes ___ Injuries or broken bones in the following body areas
 Neck ___ Collar Bone ___ Shoulder ___ Chest ___ Ribs ___ Back ___
 Arm ___ Elbow ___ Wrist ___ Hand ___ Pelvis ___ Leg ___ Ankle ___



Please continue to add any pertinent information for any item marked “Yes” above or as required.*

Information regarding Past and Present History of Illness, Injury or Health Conditions:

Please list any allergies to food, medications, plants, dust, and etc.

Please list any restrictions related to participating in sports activities (e.g., running, swimming).

Please list any injuries or conditions not listed above.

Please list any over the counter (acetomenophen, tylenol, benadryl, etc) that your child may receive if needed during the YES Program. If you do not authoze the administration of over the counter medication please write “None”.

By signing below I _____ *certify the following:

All medications must be accompanied by a signed letter from an attending physician explaining dosage and any instructions if they are to be administered during the program. youth medications must be disclosed if they are to be dosed during the hours of the meetings or functions of the program.

I certify that the information provided is true and that the youth named above on this certificate is in good health and able to take part in the program activities with the exceptions of the above stated restrictions.

I also understand that no physician is available on the campus during the program. I give permission for limited treatment for minor illnesses and/or injuries such as and not limited to basic first aid care and the over the counter medications authorized above. In the case of any emergency, the youth will be referred to the nearest medical facility for care at the expense of the parent and/or under coverage provided by the youth’s insurance.

Parent/Guardian (Printed Name)*

Parent/Guardian (Signature)*

Date Signed*



MEDIA RELEASE FORM

(Sign and Return to the YES Program Coordinator)

For permission to record, photograph, and use for press release, recruitment materials, etc.

Participant (Printed Name)*

Participant Date of Birth*

By signing below I acknowledge that I understand the following:

I grant permission to the YES Program hosted by St. Croix Tribal Education Department to take videotapes and/or photographs of the above named youth.

I grant permission for these images to be shared with External Partners, Collaborators and Presenters for the same purpose stated above.

I further authorize the use of such recordings, videotapes and/or photographs for brochures, press releases or other recruitment materials without prior inspection on my part.

Parent/Guardian (Printed Name)*

Parent/Guardian (Signature)*

Date Signed*



WAIVER AND RELEASE OF LIABILITY AND INDEMNITY AGREEMENT

(Sign and Return to the YES Program Coordinator)

This Indemnity Agreement (the "Agreement") is made and entered into on the date this Liability and Indemnity Agreement is signed (the "Execution Date") by and between the St. Croix Chippewa Indians of Wisconsin (the "Tribe") through the St. Croix Tribal Education Department and

NAME: _____ either on behalf of themselves or their children (the "Participant").

Collectively, the "Parties". In consideration and as a condition of the Tribal Council and the Participant entering into this Agreement, the two parties agree as follows:

1. The Participant is either participating in an event hosted by the St. Croix Tribal Education Department themselves or are allowing their children to participate in an event hosted by the St. Croix Tribal Education Department. The Participant agrees to abide by all rules, warnings, or oral instructions or directions given by the St. Croix Tribal Education Department, or their representatives during the course of a hosted event. The Participant understands that although these rules intend to keep all individuals attending the event safe, unexpected or uncontrollable incidents may occur which could result in risk of bodily injury, death, or property damage.
2. The Participant shall hold harmless and indemnify the Tribe, the St. Croix Tribal Education Department, and its affiliates against any and all claims and actions arising out of this Agreement, including without limitation, expenses, judgments, fines, settlements, and other amounts actually and reasonably incurred in connection with any liability, suit, action, loss, or damage arising or resulting from this Agreement.
3. The Participant hereby assumes full responsibility for and risk of bodily injury, death or property damage due to negligence of Releasees or otherwise while in, about or upon the premises of the Tribe and/or while using the premises or any facilities or equipment thereon.
4. The Parties further expressly agrees that the foregoing release, waiver and indemnity agreement is intended to be as broad and inclusive as is permitted by the laws of the Tribe and the State of Wisconsin, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.
5. The undersigned has read and voluntarily signed the release and waiver of liability and indemnity agreement and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.
6. The undersigned further agrees that this release and waiver of liability and indemnity agreement shall remain in effect for as long as the Participant attends events hosted by the St. Croix Tribal Education Department or until the Participant revokes this agreement in writing.

Participant or parent/guardian Signature _____ Date: _____

Participant Printed Name _____

PLEASE SUBMIT THIS REGISTRATION FORM TO:

Laura Merchant | YES Program Coordinator
St. Croix Tribal Education Building
lauram@stcroixojibwe-nsn.gov
715-349-2195 ext 5105