

**GLIFWC Youth Services Grant Ice Fishing/Ice Spearing Event-Sunday, February 15, 2026**

**Registration Form**

**Child Name:** \_\_\_\_\_

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

**Birthdate:** \_\_\_\_\_

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

**Phone Number:** \_\_\_\_\_

**Lac Vieux Desert Tribal Member?** \_\_\_\_\_

**Other Tribal Member?** \_\_\_\_\_

**Family / Guardian Information:**

**Parent/ Guardian 1.** \_\_\_\_\_ **Cell number:** \_\_\_\_\_

**Parent/ Guardian 2.** \_\_\_\_\_ **Cell number:** \_\_\_\_\_

**Adult Emergency and Authorized Pick-Up Contact Information:**

**Name:** \_\_\_\_\_

**Cell:** \_\_\_\_\_

**Relationship to Youth:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Cell:** \_\_\_\_\_

**Relationship to Youth:** \_\_\_\_\_

**Medical**

**Does youth have special needs, medical conditions, or allergies you would like us to know about: Yes / No**

**If yes, please list below (specify if your child carries an epi-pen., Please ask for medical form if your child requires daily medication or has severe allergies):**

**NOTICE REGARDING RISK ON INJURY AND RELEASE AND WAIVER OF ALL CLAIMS:**

**I understand that by permitting my child to participate in this Event, they may be exposed to normal risks of injury or harm that come with participating in ice fishing activities. These risks include, but are not limited to, fishing hooks, slippery conditions, and cold weather.**

**I hereby assume all risks associated with my child's attendance and participation in the GLIFWC Youth Services Grant Ice Fishing/Ice Spearing Event. I specifically waive my right to bring any and all claims which I have may have to assert any negligence claim against the Lac Vieux Desert Band of Lake Superior Chippewa Indians, its departments, employees, agents, instructors, or representatives.**

**I hereby fully and forever release, discharge and agree not to sue the Lac Vieux Desert Band of Lake Superior Chippewa Indians, its employees, agents, instructors, and representatives from any and all claims, causes of action or liability for any injury, loss or damage sustained or incurred by my child, arising out of or in any way associated with their attendance and participation in the Event, including all claims, causes of action or liability arising out of the negligence of the, employees, agents, or representatives.**

**I agree to indemnify and hold harmless Event Sponsors, their departments, employees, agents and representatives from any loss, damage or expense sustained or incurred by them arising from any such claims, cause of action or liability, whether brought by me, anyone acting on my child's behalf, or by anyone else because of conduct attributed to my child.**

**I agree that this agreement shall be construed and interpreted in accordance with the laws of the Lac Vieux Desert Band of Lake Superior Chippewa Indians.**

**I understand and agree that this Release and Waiver shall be binding on my heirs, assigns and any personal entity acting on my child's behalf including parent, guardian or next friend.**

**I understand and acknowledge that nothing in this agreement constitutes a waiver of any privilege or immunity afforded to the Lac Vieux Desert Band of Lake Superior Chippewa Indians.**

**I have read and understand the above items of Release and Waiver, understand them, agree to abide by the contents and hereby acknowledge that I have read and understand this Release and Waiver.**

**Sign here: \_\_\_\_\_ Date \_\_\_\_\_**

I understand that my child will be supervised by the Lac Vieux Desert (LVD) Tribal Historic Preservation Office Staff and other instructors that have had approved background investigations completed.

Sign here: \_\_\_\_\_ Date \_\_\_\_\_

**Photography, Media Release Waivers:**

I hereby give the LVD Tribal Historic Preservation Office consent to use and reproduce my child's name/ image for promotional purposes related to LVD THPO and GLIFWC. I have read the rules of the GLIFWC Youth Services Grant Ice Fishing/Ice Sparring Event and reviewed them with my child who agrees to abide by them.

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

\_\_\_\_\_  
Date

**Medical Liability Release**

**Directions:** It is necessary that all parents/guardians complete a medical liability release form and that the chaperone/instructor has a copy for his/her files while at LVD Youth Ricing Sticks and Push Poles Workshop.

**PLEASE TYPE OR PRINT ALL INFORMATION**

CHILD \_\_\_\_\_ PARENT/GUARDIAN \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

PARENT/GUARDIAN TELEPHONE (WORK) \_\_\_\_\_ (HOME) \_\_\_\_\_

CHILD'S PHYSICIAN \_\_\_\_\_ TELEPHONE \_\_\_\_\_

ALTERNATE CONTACT \_\_\_\_\_

ALTERNATE'S TELEPHONE NUMBER (WORK) \_\_\_\_\_  
(HOME) \_\_\_\_\_

STUDENT IS COVERED BY GROUP OR MEDICAL INSURANCE \_\_\_\_ YES \_\_\_\_ NO  
IF YES, COMPLETE THE FOLLOWING INFORMATION:

NAME OF INSURED \_\_\_\_\_

INSURANCE COMPANY \_\_\_\_\_

GROUP # \_\_\_\_\_ POLICY # \_\_\_\_\_

**PLEASE COMPLETELY DESCRIBE ANY MEDICAL CONDITION WHICH MAY RECUR OR BE A FACTOR WHILE ATTENDING CAMP:**

- |                             |                              |
|-----------------------------|------------------------------|
| a. Allergies _____          | e. Physical Handicap _____   |
| b. Convulsions _____        | f. Medicine reactions _____  |
| c. Blackouts _____          | g. Disease of any kind _____ |
| d. Heart/lung problem _____ | h. Other (be specific) _____ |

**If currently taking medication, please provide the following information:**

Name of Medication(s) \_\_\_\_\_

Prescribing Physician Telephone \_\_\_\_\_

No medication will be administered during LVD Youth Ice Fishing Event.

**LIABILITY RELEASE.** I certify that the information described above is accurate and complete to the best of my knowledge. I understand that each individual is responsible for his/her own insurance coverage during the trip. I hereby release the Lac Vieux Desert Band of Lake Superior Chippewa Indians, and its staff or representatives and any other individual charged with the Event attendees of specific activity from any legal or financial responsibility with respect to my personal or my child's participation in or contact with any element associated with this activity.

**PARENT/GUARDIAN:** Please check one of the following and sign your name

- I give my permission for immediate medical treatment as required in the judgment of the attending physician. Notify me and/or any persons listed above as soon as possible.
- I do NOT give permission for medical treatment until I have been contacted.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

Historic Preservation Representative Signature \_\_\_\_\_ Date \_\_\_\_\_