



ANNUAL MEMBERSHIP APPLICATION INSTRUCTIONS

1. **Enter Membership Year. 2008/2009**
2. **Enter Child Information.** List each child enrolling in the program. If enrolling more than four, use the back of the application to list your additional children. Assign each extra child with a number: (Child #5, Child # 6, etc.)
 - A.) Enter each child's First Name, Last Name, Date of Birth, Grade, and Gender.
 - B.) Enter each child's School, and the School's City.
 - C.) Enter each child's Tribe, & Nation (if known).
2. **Enter Parent Information.** The enrolling parent should complete information for Parent #1. Only complete Parent #2 if your spouse is enrolling as well.
 - A.) Enter name, date of birth, and gender.
 - B.) Indicate which children will be in a tribe/program with Parent #1, (and if applicable, which children will be with Parent #2) by checking the appropriate boxes for Child #1 thru Child #4.

[Example. . . Dad and Mom are enrolling with four children. Dad (Parent #1) is participating with Child #1, 2, & 4. He checks Child boxes 1, 2, & 4. Mom (Parent #2) is participating with Child #3. She checks "Child #3" box.]

If you have listed additional children, check the "EXTRA CHILD " box and enter the appropriate "child number" (EXTRA CHILD # 5, 6, 7, 8 etc.)
 - C.) Designate if Parent #1 (and if applicable, Parent #2) are the parent or legal guardian of those children he/she has indicated to be participating with, by checking "Yes" or "No." If "No," attach a Parental Consent Form completed by the child's parent or legal guardian.
3. **Enter Address, Phone Number, & E-mail Address.** Check the box in the far right if you would like to receive our program's E-mail Newsletter.
4. **Check Program Selection.** Indicate which programs your family is enrolling in by checking the appropriate boxes. Also check the "Officer/Program Volunteer" Box if either parent will be serving as a volunteer. (Designate which parent this check box applies to by checking either Parent #1, Parent #2, or Both Parents). Every volunteer MUST attach a completed Officer/Volunteer Disclosure Statement.
5. **Sign and Date the Form.**
6. **Attach Any Additional Documents.** Affix with staple (BEHIND your Membership Application) any Parental Consent Forms or Officer/Volunteer Disclosure Statements that are required. New members include the Photo Disclosure form.
7. **Attach Check.** Please affix your membership fee payment to the top left corner of the application.

ANNUAL MEMBERSHIP FEE : **\$65** per family

MAKE CHECK PAYABLE TO: **Two Feathers Longhouse**

**NOTE: A family is defined as the immediate family members consisting of the mother, father, and their children who all reside at the same address. If Parent #1 and Parent #2 are divorced or separated and reside at two different addresses, they must apply for membership separately, as two different families and pay two separate membership fees.*

8. **Submit Form To:** **Two Feathers Longhouse**
 PO Box 223
 Avon, Ohio 44011



(USE BACK OF APPLICATION FOR ADDITIONAL CHILDREN)

CHILD #1	First Name:	Last Name:	Birth (mm/dd/yy) / /	Grade	Sex (M/F)
	School: School's City:	Tribe: Nation: Two Feathers Longhouse			
CHILD #2	First Name:	Last Name:	Birth (mm/dd/yy) / /	Grade	Sex (M/F)
	School: School's City:	Tribe: Nation: Two Feathers Longhouse			
CHILD #3	First Name:	Last Name:	Birth (mm/dd/yy) / /	Grade	Sex (M/F)
	School: School's City:	Tribe: Nation: Two Feathers Longhouse			
CHILD #4	First Name:	Last Name:	Birth (mm/dd/yy) / /	Grade	Sex (M/F)
	School: School's City:	Tribe: Nation: Two Feathers Longhouse			

PARENT #1:	First Name:	Middle Initial:	Last Name:	Birth (mm/dd/yy) / /	Sex (M/F)
Which child listed above will you be in a program/tribe with? (Check all that apply)				Are you the parent or legal guardian of these children?	
<input type="checkbox"/> CHILD #1 <input type="checkbox"/> CHILD #2 <input type="checkbox"/> CHILD #3 <input type="checkbox"/> CHILD #4 <input type="checkbox"/> (from back) EXTRA CHILD #				<input type="checkbox"/> YES <input type="checkbox"/> NO (If no, attach Parental Consent Form)	

PARENT #2: (If Enrolling)	First Name:	Middle Initial:	Last Name:	Birth (mm/dd/yy) / /	Sex (M/F)
Which child listed above will you be in a program/tribe with? (Check all that apply)				Are you the parent or legal guardian of these children?	
<input type="checkbox"/> CHILD #1 <input type="checkbox"/> CHILD #2 <input type="checkbox"/> CHILD #3 <input type="checkbox"/> CHILD #4 <input type="checkbox"/> (from back) EXTRA CHILD #				<input type="checkbox"/> YES <input type="checkbox"/> NO (If no, attach Parental Consent Form)	

ADDRESS:	Street:		City:		
	State:	Zip Code:	PHONE:	()	
E-MAIL:	<input type="checkbox"/> CHECK IF YOU WANT OUR EMAIL NEWSLETTER				

PROGRAMS	My/Our enrollment is for the following NATIONAL LONGHOUSE® programs membership: (Check all that apply):				
	<input type="checkbox"/> NATIVE DAD & SONS®	<input type="checkbox"/> NATIVE DAD & DAUGHTERS SM	<input type="checkbox"/> NS & D PATHFINDERS SM		
	<input type="checkbox"/> NATIVE MOMS & SONS®	<input type="checkbox"/> NATIVE MOMS and DAUGHTERS®			
<input type="checkbox"/> OFFICER/PROGRAM VOLUNTEER:					
(Who's the Officer/Program Volunteer? <input type="checkbox"/> Parent #1 <input type="checkbox"/> Parent #2 <input type="checkbox"/> Both Parents) Attach Officer/Volunteer Disclosure Statement(s)					

This is an application for membership in the NATIONAL LONGHOUSE® programs. I understand and agree as a member in the program: (1) to abide by all of the rules and regulations of the program, and, (2) that I have completed and attached any additional forms required of me as a participant if I am not the Parent or Legal Guardian of the child, or if I am participating as an Officer or Program Volunteer.

National Longhouse, Ltd. does represent that the information gathered in this application is solely for the use of National Longhouse, Ltd. and its affiliates. National Longhouse, Ltd. does not sell or distribute this information to any third party.

SIGNATURE	PARENT #1: _____	Date _____
	PARENT #2 (if enrolling): _____	Date _____

NATIONAL LONGHOUSE®
RULES and REGULATIONS

("inâkonigewun" Ojibway: Regulation)

In keeping with the program's ideology and to ensure that everyone's safety and welfare are always paramount, certain rules and regulations that have been adopted must be abided. Violations of these rules are grounds for removal from the program, including the loss of a subsidiary's charter. The following actions are specifically prohibited:

Prohibited

1. Participation in all programs and events by a child without his or her parent, legal guardian, or other designated adult as registered on the membership application.
2. Failure to promptly pay all dues.
3. The possession and /or consumption of alcohol or illegal drugs on or off the event or camp premises, while the event or camp is being attended.
4. Falsification or misrepresentation of any information on a membership application or disclosure policy.
5. Use or possession of weapons or firearms, except when it is used:
 - a. Consistent with all local, state and federal laws; AND,
 - b. As part of a program event sponsored by appropriate organization with adequate insurance coverage; OR
 - c. Is necessary for the safety and protection of the organization due to the location of the program or event.
6. Allowing judicially declared pedophiles in any program that would permit contact with a child.
7. Allowing the dissemination of any material that is sexually explicit or pornographic in nature.
8. Intentional and improper defecation of Native American organizations, Religious organizations, or other people's racial or cultural values.
9. Allowing or condoning any other activity that would be inconsistent with the spirit of the program.

TWO FEATHERS LONGHOUSE
**PHOTOGRAPH/ARTWORK MODEL
CONSENT AND RELEASE**

<i>Program Item:</i> _____ <i>Page:</i> _____ Longhouse Use Only

A model release form is required for each identifiable individual in the photograph or artwork. Please have the individual sign this consent and release form, and return it to:

**Two Feathers Longhouse
PO Box 223
Avon, Ohio 44011**

DESCRIPTION OF PHOTO(S)/ARTWORK(S):

PHOTOGRAPHER/ARTIST:

I hereby consent to the use of my image and likeness as set forth in one or more photo(s) or artwork(s) described above for such purposes as the above Local Longhouse, and its affiliates deem appropriate, including print, audio/video, Internet, patches, hats/attire, and promotional uses. I also agree that all reproductions of these photo(s) or artwork(s) in any form made or used in relation to this release are and shall remain the property of the above Local Longhouse, Inc.

Model's Name: _____

Model's 'Signature _____

Model's Address: _____

Model's Phone: (Home) _____ **(Work)** _____

If a minor under the age of eighteen (18) is involved, a parent or guardian must give permission by signing below:

Signature: _____

Relationship: _____

Minor's age: _____

AUTHORIZATION TO PARTICIPATE and EMERGENCY MEDICAL TREATMENT AUTHORIZATION

For Membership Year: 2008 thru 2009

ANNUAL PARENTAL CONSENT FORM:

PLEASE PRINT.

This form is required for all children enrolling and participating in a National Longhouse, Ltd. program with an adult who is **not** the child's Parent or Legal Guardian. Disregard if you are enrolling with your child as their parent.

<p>CHILD</p> <p>Name _____</p> <hr/> <p style="text-align: center;">Last name First Name Middle Initial</p> <p>Address _____</p> <p>Address _____</p> <hr/> <p>City _____ State _____ Zip _____</p> <p>Height ____ feet ____ inches Weight _____ lbs.</p>	<p>ENROLLED ADULT CHAPERONE</p> <p>Who is the designated adult chaperone who will be enrolled with, and responsible for your child?</p> <hr/> <p style="text-align: center;">Name Relationship to child</p> <p><i>Note: An Enrolled Adult Chaperone is a person, over the age of 18, who has received written authorization to enroll and participate with a child in a National Longhouse, Ltd. program from the child's parent or legal guardian.</i></p>
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EMERGENCY INFORMATION

In case of an emergency, please contact: _____

Your Name Your relationship to child

Daytime phone (____) _____ Nighttime phone (____) _____

Alternate contact: _____

Name Relationship to child

Daytime phone (____) _____ Nighttime phone (____) _____

MEDICAL INFORMATION

Will your child be taking any medication or prescribed drugs? (Y/N) _____ If yes, explain _____

List any drugs or medication your child is allergic to: _____

List any medical conditions your child has or had that emergency personnel need to be aware of (allergies, asthma, diabetes, epilepsy, heart conditions, etc):

I am the parent or legal guardian for the above-named Child, and give permission for him/her to enroll and participate with the above-named Enrolled Adult Chaperone. I also have read and understand all of the rules and regulations of the program, and I understand that a violation of certain provisions of these rules may result in the dismissal of my child from the program. I hereby certify that the information provided above is correct.

In the case of medical emergency, I understand that every effort will be made to contact the emergency contacts listed above. In the event those persons cannot be reached or time does not permit, I hereby give permission to a licensed physician or other licensed medical provider, to provide proper treatment, including but not limited to hospitalization, injection, anesthesia and/or surgery, for the above-named child. On behalf of myself and my ward/minor, I/we hereby RELEASE, WAIVE AND FOREVER DISCHARGE National Longhouse, Ltd. and its elders, officers, trustees, directors, employees, parents, volunteers, any such person of a subsidiary of National Longhouse, Ltd., their agents, and the health care provider acting under this authorization, from any and all claims, liabilities, causes of actions, damages, demands, judgements, executions, liens and costs whatsoever, in law or equity, including, without limitation, liability for death or bodily injuries to any person or damage to any property resulting from any (i) claims made against medical providers of emergency services under this authorization, or (ii) against National Longhouse, Ltd. for obtaining medical emergency services for said child pursuant to this authorization.

Parent or Legal Guardian _____ Signature _____ Date _____

Notarization (required)

Subscribed and sworn before me this ____ day of _____

Notary in the State of _____ My commission expires _____

Notary Signature