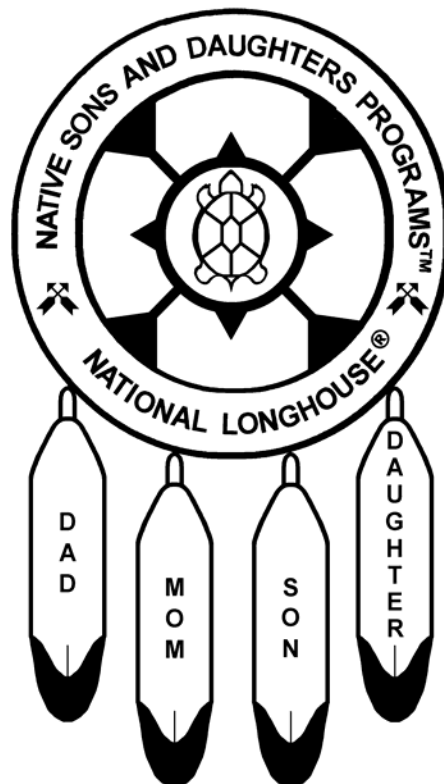
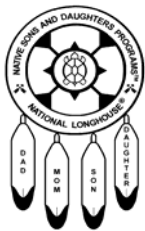


NATIONAL LONGHOUSE, LTD.

NATIVE  
SONS AND DAUGHTERS  
PROGRAMS™

ANNUAL  
REGISTRATION  
PACKET





## ANNUAL MEMBERSHIP APPLICATION INSTRUCTION

1. **Enter Membership Year.** (*Same as program year, not calendar year.*)
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.
7. **Attach Check.** Please affix your membership fee payment to the top left corner of the application.  
ANNUAL MEMBERSHIP FEE (*please consult your leader*) \$: \_\_\_\_\_ per family\*.  
MAKE CHECK PAYABLE TO: (*please consult your leader*)

\*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:** (*please consult your leader*)



(USE BACK OF APPLICATION FOR ADDITIONAL CHILDREN)

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

<b>PARENT # 1:</b>	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?: <i>(Check all that apply)</i>			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)		

<b>PARENT # 2:</b> (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?: <i>(Check all that apply)</i>			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)		

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

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

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.

<b>SIGNATURE</b>	PARENT #1 : _____ Date ____/____/____
	PARENT #2 (if enrolling) : _____ Date ____/____/____

<b>ProgramItem:</b> _____ <b>Page:</b> _____ <i>Longhouse Use Only</i>
------------------------------------------------------------------------------

**NATIONAL LONGHOUSE, LTD.  
LETTER OF AGREEMENT**

Dear Contributor,

Thank you for your submission of a photo or artwork to be used by the National Longhouse, Ltd. for its program related materials.

By submitting your photograph or artwork, you are granting National Longhouse, Ltd. non-exclusive, worldwide rights for use of your work in the print or electronic versions of its program related materials and in any future derivative products that pertain to these materials, and other purposes that National Longhouse, Ltd. deems appropriate, including print, video, Internet, patches, hats, attire, advertising, and promotional purposes. You 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 National Longhouse, Ltd.

By signing this letter, you are confirming that you either own the photo/artwork yourself or that you have the permission from the owner to submit it for use by the National Longhouse, Ltd. for its program related materials.

If your work has an identifiable individual(s) in the picture, please have each individual sign an enclosed "Photograph/Artwork Model Consent and Release" form granting permission for his/her image to be used, and return it with this letter.

Please sign below to indicate your agreement to the conditions stated in this letter, and return the original to:

NATIONAL LONGHOUSE, LTD.  
Attention: Photo Permissions  
222 W Scranton Ave  
Lake Bluff, IL 60044

Sincerely,

James Fyffe Jr.  
National Chief

\_\_\_\_\_  
Contributor signature

\_\_\_\_\_  
Date

Program Item: \_\_\_\_\_

Page: \_\_\_\_\_

*Longhouse Use Only*

NATIONAL LONGHOUSE, LTD.  
**PHOTOGRAPH/ARTWORK  
MODEL CONSENT AND RELEASE**

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:

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 National Longhouse, Ltd. 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 National Longhouse, Ltd.

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

Signature: \_\_\_\_\_

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

\_\_\_\_\_

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: \_\_\_\_\_

NPMPP-PMCO-031103-A

Program Item: \_\_\_\_\_

Page: \_\_\_\_\_

*Longhouse Use Only*

NATIONAL LONGHOUSE, LTD.

## PROFESSIONAL PHOTOGRAPH/ARTWORK RELEASE

Permission to the National Longhouse Ltd.

Permission is hereby granted by: \_\_\_\_\_ (öLicensorö)  
for National Longhouse, Ltd. (öPublisherö) to use the image:

\_\_\_\_\_ (image title/description)

by: \_\_\_\_\_ (artist/photographer) for use in the

\_\_\_\_\_ (item/product) of the National Longhouse, Ltd. in its print and electronic  
(Internet) form. Rights granted include one-time, non-exclusive, English language, worldwide distribution rights.

Fee (if any) \$ \_\_\_\_\_

The Licensor agrees that there will be no additional fee for use of the image in a piece promoting the

\_\_\_\_\_ (item/product), so long as it is used in the context of  
the page containing the image. It is agreed that such promotional usage may be in the print and electronic media.

The image will be credited in the \_\_\_\_\_ (item/product) as specified here:

\_\_\_\_\_  
\_\_\_\_\_

Licensor warrants that he/she/it owns the copyright to the above image and/or has the right to grant permission for use as described herein. Licensor further agrees to indemnify and hold harmless the Publisher against any and all third party claims arising out of the rights granted herein.

For photos or artwork depicting recognizable subject(s), Licensor warrants that it has signed model release(s) covering the use as described herein.

No officer, director, trustee, employee, member, or agent of National Longhouse, Ltd. or its affiliates shall be personally liable for the performance of or failure to perform any term or condition of this agreement. Licensor shall look solely to the Publisher itself for satisfaction of the PublisherÆs obligations under this agreement.

Please sign and return this Permission form to:

National Longhouse, Ltd.  
Attention: Photo Permissions  
222 W Scranton Ave  
Lake Bluff, IL 60044

Fax (614) 417-1122

Licensor's signature on a fax copy of this permission constitutes Licensor's acceptance of ALL terms of this permission.

ACCEPTED:

Licensor Name Printed \_\_\_\_\_

Federal I.D.# or S.S.# \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name and title of signer: \_\_\_\_\_  
(if different than Licensor name above)

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 from 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 defection 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.

NATIONAL LONGHOUSE®  
**ETHICAL ASPIRATIONS**

(*“debweinendamowin” Ojibway: Belief*)

### **Our Purpose/Mission Statement**

The purpose of this organization is to operate a not-for-profit entity whose purpose is to establish and strengthen parent-child relationships in a manner that is based upon Christian ideology and the theme that you help yourself by helping others.

### **Our Aims**

Our NATIONAL LONGHOUSE® programs are based upon the Ojibway Six Aims, as related to us by the families of Joe Friday and Harold Keltner. The Six Aims are as follows:

- |    |                                     |                         |                                                                                          |
|----|-------------------------------------|-------------------------|------------------------------------------------------------------------------------------|
| 1. | <i>“Binideewin”</i>                 | (Purity of Heart)       | To be clean in body and pure in heart.                                                   |
| 2. | <i>“Inawendiwin”</i>                | (Friendship)            | To always be friends with my dad/mom/son/daughter.                                       |
| 3. | <i>“Sâgiiwewin endashiiân”</i>      | (Love my whole family)  | To love the sacred circle of my family.                                                  |
| 4. | <i>“Nâgasotawa”</i>                 | (Listen with attention) | To be attentive while others speak.                                                      |
| 5. | <i>“Sâgiiwewin kidj’anishinâbe”</i> | (Love thy neighbor)     | To love my neighbor as myself.                                                           |
| 6. | <i>“Dabandendamowin akk”</i>        | (Respect Earth)         | To seek and preserve the beauty of the Great Spirit’s work in forest, fields and stream. |

### **Our Given Precepts**

The NATIONAL LONGHOUSE® programs are further based upon Christian and Biblical ideals, and they specifically incorporate the Ten Commandments; namely:

1. You shall have no other Gods before me.
2. You shall not bow down to or sever any carved image.
3. You shall not take the name of the Lord your God in vain. (swear)
4. Remember the Sabbath day, and keep it holy.
5. Honor your father and mother.
6. You shall not murder.
7. You shall not commit adultery.
8. You shall not steal.
9. You shall not bear false witness. (tell a lie)
10. You shall not covet.

### **Our Mutual Respect**

Although our NATIONAL LONGHOUSE® programs are based upon Christian ideology, we invite families of all faiths and beliefs to participate. For those who are Christian, we hope our non-denominational programming will reinforce your family’s faith. For those of differing faiths or beliefs, we hope that the program will provide your family with an enriching experience and insight into Christian programming.

We pledge to respect the faiths and beliefs of all non-Christian participants. Likewise, we ask that all non-Christian participants respect the faith and belief of all Christian participants. No attempt will be made to try to convert you, so please, make no attempt to try and convert other participants.

# ADDITIONAL FORMS

## 1. OFFICER/VOLUNTEER DISCLOSURE STATEMENT

Complete ONLY if you will be serving the program as an officer or volunteer (Longhouse officer, nation officer, tribe chief, etc.)

## 2. PARENTAL CONSENT FORM

Complete ONLY if the child will be participating with an adult who is not the child's parent or legal guardian.



NATIONAL LONGHOUSE, LTD.

# ANNUAL OFFICER/VOLUNTEER DISCLOSURE STATEMENT

Processed By \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_  Extra page attached

Background check performed:  Yes  No

Eligible  Ineligible  Person Notified

Reason Ineligible: \_\_\_\_\_

NLL OFFICE USE ONLY

Form: AOD-02-09-06

For Membership Year: \_\_\_\_\_ thru \_\_\_\_\_

**National Longhouse, Ltd. does represent that the information gathered in this declaration is solely for the use of National Longhouse, Ltd. and its affiliates for conducting criminal background checks in determining a person's eligibility to serve as an officer or volunteer. National Longhouse, Ltd. does not sell or distribute this information to any third party.**

Print Last Name:		Print Legal First Name:		Middle Initial:
Print Legal Address: (street)				
(city)		(state)		(zip)
Social Security Number:			Date of Birth: (mm/dd/yy)	
I will be serving as an officer/volunteer to the following: (check all that apply)				
<input type="checkbox"/> National Board of Elders: (print title) _____				
I wish to remain or be declared: <input type="checkbox"/> an Active Elder <input type="checkbox"/> an Inactive Elder <input type="checkbox"/> Permanently Resigned				
<input type="checkbox"/> National Council of Officers: (print title) _____				
<input type="checkbox"/> Regional Advisory Lodge: (print title & lodge name) _____				
<input type="checkbox"/> Local Longhouse:: (print title & Longhouse name) _____				
<input type="checkbox"/> Other: (Serving in what capacity?) _____				

I understand that it is the policy of this organization to conduct random criminal background checks in order to protect the integrity of the NATIONAL LONGHOUSE® programs and the safety of its participants. I do hereby consent to a criminal background check being conducted, consent to the use of my Social Security Number for this purpose, and permit the use of this information in evaluating my role within this organization. I do further represent that I have not been convicted of a crime involving a child, theft, fraud, or deception, and that I have not been charged with a crime involving moral impropriety or sexual exploitation of a minor where such charges have not been dismissed.

Officer's signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

# AUTHORIZATION TO PARTICIPATE and EMERGENCY MEDICAL TREATMENT AUTHORIZATION

For Membership Year: \_\_\_\_\_ thru \_\_\_\_\_

## 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.

<p><b>CHILD</b></p> <p>Name _____  <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 20px;"> <span>Last name</span> <span>First Name</span> <span>Middle Initial</span> </div> </p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Height _____ feet _____ inches      Weight _____ lbs.</p> <p>Sex (circle one)    F    M                      Birth Date ____/____/____</p>	<p><b>ENROLLED ADULT CHAPERONE</b></p> <p>Who is the designated adult chaperone who will be enrolled with, and responsible for your child?</p> <p>_____</p> <p>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>
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**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