

Learn to make....

# Leather Pouches



with Lisa Burnside.

For students in grades three and above.

Avery Arts & Nature Learning Center - Hessel School House

Friday, February 28

3:30 to 5 p.m.

To register, call (906) 484-1333 or visit [www.hesselschoolhouse.org](http://www.hesselschoolhouse.org).



Supported by the Sault Ste. Marie Tribe of Chippewa Indians Youth Education and Activities Program.

**Sault Ste. Marie Tribe of Chippewa Indians  
Youth Education & Activities Program  
Hessel School House**

**Planned Activity: Leather Craft Project**  
**Date(s): February 28, 2020**  
**TIME: 3:20 – 5:00 PM**  
**GRADE: Students in 3<sup>rd</sup> grade and above**  
**Location: Hessel School House**

Transportation is provided for pick up at Les Cheneaux Community School on Friday, February 28, 2020 to participate in the activity at the Hessel School House.

**PARTICIPANT INFORMATION**

STUDENTS NAME	DATE OF BIRTH	GRADE	PHYSICIANS NAME & PHONE NUMBER

**Please list any allergies, restrictions or concerns we should know about:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Phone #:** (h) \_\_\_\_\_ (w) \_\_\_\_\_

*If parent or guardian cannot be reached in the event of an emergency, the following person is authorized to act in my behalf:*

**Name & Address** \_\_\_\_\_  
**Phone:** (h) \_\_\_\_\_ (w) \_\_\_\_\_  
**Relationship to Student:** \_\_\_\_\_

**LIABILITY WAIVER**

**I agree that my child will abide by the rules set forth by the YEA program while they participate in the activities. If for some reason he/she need discipline, I will be called to take care of the problem. I assume full responsibility for any damage to person(s) or property caused by my child, further, I expressly waive any claim for liability against YEA program, including its employees and representatives, and release them from all liability in connection with the program. I furthermore authorize students listed to be treated by another licensed physician in case of an emergency and if my family physician cannot be reached. I understand photo of my child will be taken and give permission for the photos to be used as promotional advertising for future YEA Activities. I understand my child(s) photo may be release to the local media including internet.**

\_\_\_\_\_  
**PARENT SIGNATURE**

\_\_\_\_\_  
**DATE:**