

## 2024 Application for Boys Summer Lakota Culture/Horse Camp

Sponsored by RST Alcohol Program, Tokala Inajinyo Youth Mentoring, SGU Tiwahe Glu Kini Pi

Boys Ages 8-18 July 9-11, 2024

Location: RST Alcohol Program Grounds, Rosebud, SD

Phone: Alcohol Program 605-747-2342; SGU TGKP 605-856-8163

**PRIMARY FOCUS:** Through a 3 day/overnight camp, motivated youth will participate in the summer culture camp to increase their knowledge and experience of the **Lakol Wicoun**, and to learn how to interact culturally with and care for our relatives, the **Sunkawakan Oyate, (Horse Nation)** to improve *Wicozani* (Mental Health and well-being through healing and fun activities.)

### OUTCOMES:

- Youth will learn, practice, and identify Lakota values of **Ohitika** (courage), **Wowacintanka** (fortitude), **Woksape** (wisdom), **Wacantognaka** (generosity), **Waohola** (respect), **Waunsila** (compassion) and **Wowahwala** (humility) in everyday life. These will be processed daily.
- Youth will increase their knowledge and experience of **Mitakuye Oyasin** through Lakota Language, History/ Culture, Stories, Spirituality and Traditional Practices (e.g.Lakota Creation Story, oral history, wocekiye, relative terms, olowan/singing, cutting wood, Inipi, etc.)
- Youth will increase self-awareness and understanding of healthy relationships, responsibilities and effective communication through team-building activities, Lakota teachings and by working daily with our relatives, the **Sunkawakan Oyate**.
- Youth will engage in a cultural art activity, archery, fishing, games, etc.
- Youth will apply new knowledge in real-world situations.
- Youth will share in decision-making whenever possible (develop ground rules)
- Youth will understand, experience and strive to maintain good work ethic (be on time, good attendance, good communication skills, willing to learn, good listener)
- Youth will learn to take care of and ride the **Sunkawakan**.
- Youth will experience healing gifts of the Culture and *Sunkawakan Oyate*.

Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_

First

MI

Last

Month/Day/Year

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

Town

Zip

Can you provide transportation for youth? \_\_\_yes \_\_\_no Caregivers are expected to provide transportation. If not possible please give directions for pickup & return below:

Directions:

\_\_\_\_\_

Phone: Home:\_\_\_\_\_ Cell:\_\_\_\_\_ Work:\_\_\_\_\_ Message Phone:\_\_\_\_\_

School:\_\_\_\_\_ Grade as of 8/2023:\_\_\_\_\_

Please describe any physical handicaps, disabilities or medical issues, such as Diabetes, asthma, allergies etc.:

\_\_\_\_\_

\_\_\_\_\_

**Camp Rules:** 1. Come on time, Day 1 and stay till end on Day 3.

2. Follow COVID CDC Camp Guidelines (Wash hands, Take Temps, etc.)

3. Respect other campers, buildings, horses, staff and tack (horse equipment.)

4. Do not play on or around vehicles, trailers, mowers or tractors.

5. Listen to teachings, safety rules and participate in camp activities.

6. Stay with your group during activities. Do not wander off.

7. Tell Adults if there is a problem.

8. Have fun!

I agree to abide by Camp rules, safety rules, wear proper clothing (Jeans, T-shirts & (Boots provided at camp when riding horses.)

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

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

Name of Applicant: \_\_\_\_\_

**RELEASES AND AGREEMENTS**

- I/We, the undersigned, agree to the terms set forth in this release. If every effort has been made to reach the parent/guardian of the below named child, and immediate medical care \* is deemed necessary, I/We, the parent(s)/guardian(s) give authority to the RST Alcohol Program/Tokala Inajinyo/TGKP staff to act in my/our absence.

**\*Please indicate where child is authorized to receive Medical treatment in an emergency:**

**Facility Name** \_\_\_\_\_ **Provider Ph.#** \_\_\_\_\_

- If youth becomes disruptive and/or is causing a hardship for the rest of the group and Camp staff has tried to intervene with the youth to attain acceptable behavior, Camp staff has the permission of the youth's parent(s)/guardian(s) to take appropriate action including sending the youth home. I understand that I am fully responsible for retrieving my child from the camp.
- RST Alcohol Program/Tokala Inajinyo/TGKP is not liable for theft or loss of any personal items. Please do not bring jewelry, wallets or other items of value.
- You may not use cell phones during sessions. You may only use during breaks. No Texting, phoning/FB/TikTok, etc. are allowed during sessions. Camp staff carry a cell phone for use in case of emergency. Cell phones can be locked in office for safety.
- Please do not send youth to camp with ANY contagious illness, such as a fever sore throat, cold, flu, infection or rash.
- The youth/participant agrees to remain drug, alcohol and tobacco free during the camp, and agrees to be respectful and responsible to other camp participants and Camp staff.

I give permission for my child to participate in the 2023 RST Alcohol Program/Tokala Inajinyo/SGU TGKP Summer Culture/Horse Camp and my child and I agree to the terms set forth above.

\_\_\_\_\_

**Parent/GuardianSignature**                      **Date**

\_\_\_\_\_

**Parent/Guardian Printed Name**

**Youth Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

**Name of Applicant:** \_\_\_\_\_

**Risk & Liability Waiver:** I understand and assume all dangers (hazards or perils) and risks associated with this program and activities and waive all claims or causes of action arising from my participation in the RST Alcohol Program/Tokala Inajinyo/SGU TGKP/Association of American Indian Affairs activities and do hereby release the RST Alcohol Program/Tokala Inajinyo/SGU TGKP/ Association of American Indian Affairs, all persons and agents, from liability which I may ever have against RST Alcohol Program/Tokala Inajinyo/SGU TGKP/ Association of American Indian Affairs Summer Camp, its successors and assigns, its officers, employees, volunteers, agents and their heirs, executors and assigns. Furthermore, I give my consent to the instructors, facilitators or other medical personnel to treat me/child in a medical situation. My signature on this document is also intended to bind my successors, heirs, representatives, administrators and assigns.

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