Sinte Gleska University

2024 TGKP Wicincala Summer Sunkawakan / Horse Day Camp

Girls Ages 8-11 July 9-11, 2024 9am-4pm

Location: SGU TGKP Horse Ranch 605-856-5236

<u>PRIMARY FOCUS:</u> Through a three day summer program, motivated youth will participate in the SGU Horse Camps 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* (Health and well-being.)

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, Spirituality and Traditional Practices (Lakota Creation Story, oral history, wocekiye, Lakota greetings, relative terms, woman's teachings, etc.)
- Youth will increase self-awareness and understanding of healthy relationships/effective communication through team-building activities, Lakota teachings (gender specific) and by working daily with our relatives, **Sunkawakan Oyate**.
- Youth will complete a Lakota art project to express their artistic identity.
- 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 gain confidence in their ability to be better communicators with their peers and their relatives the *Sunkawakan Oyate*.
- Youth will learn to take care of and ride the **Sunkawakan**

Name of Applicant:

Application for SGU	Tiwahe Glu Kini Pi Summer Sunkawakan Oyate Girls Camp Ages 8-11 Dates: July 9-11, 2024
Tuesday-Thursday	Hours: 9:00 am-4:00pm
L	ocation: SGU/TGKP Horse Ranch

lame:			Date of Birth:/	_/	
First	M	I Last	M	Month/Day/Year	
ddress:					
			Town	Zip	
hone: Home:		Cell:	Work:	Message Phone:	
chool:			Grade as of 8/202	24:	
lease describe a	ny physical	handicaps, di	sabilities or medical issue	es, such as Diabetes, asthma, allergies,	
tc.:					
amp Rules: 1.	Come on tim	ne and stay til	l end of session. Come eve	ery day.	
2. F	follow COVI	D CDC Guidelii	nes for camp. (Symptom c	heck, temperature	
(Check, hand	washing.)			
3. F	Respect othe	er campers, ho	orses, staff and tack (hors	e equipment.)	
4. [o not play o	on or around r	anch vehicles, trailers, mo	owers or tractors.	
5. l	isten to tea	chings, safety	rules and participate in o	camp activities.	
6.	Stay with th	e group. Do n	ot wander off.		
7. 1	Tell Adults if	there is a pro	blem.		
8.	Have fun!	·			
agree to abide t	v Camp rule	es. safety rule:	s, wear proper clothing (Jo	eans, T-shirts, Boots (provided at camp.)	
		·	Date:		
arent Consent S	oignature:		Date: _		
	_				

Can you provide transportation for child? ___yes ___no Caregivers are expected to provide transportation. If not possible please give directions for pickup & return below:

• 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

RELEASES AND AGREEMENTS

*Please indicate where child is au emergency:	uthorized to receive Medical treatment in	n an
- '	Provider Ph #	
tried to intervene with the c parent(s)/guardian(s) to tak fully responsible for retrievi • TGKP is not liable for theft o of value to camp. • You may not use cell phones phoning/FB/TikTok, etc. are emergency. Cell phones can • The youth/participant agree	ruptive and/or is causing a hardship for the hild to attain acceptable behavior, TGKP are appropriate action including sending the my child from the camp. It loss of any personal items. Please do not during sessions. You may only use during allowed during sessions. Camp staff care be locked in office for safety. Es to remain drug, alcohol and tobacco from the samp with ANY contagious illness, such a	staff has the permission of the child's the child home. I understand that I am of bring jewelry, wallets or other items g breaks. No Texting, ry a cell phone for use in case of ee during the camp.
I give permission for my child to p I agree to the terms set forth abo	participate in the TGKP summer Sunkawa eve.	akan Oyate Girls camp, and my child and
Parent/GuardianDate		
Child/YouthDate		
Name of Applicant:		
activities and waive all claims or caus release the SGU TGKP, all persons an officers, employees, volunteers, ager instructors, facilitators or other med	d and assume all dangers (hazards or perils) a ses of action arising from my participation in d agents, from liability which I may ever have ats and their heirs, executors and assigns. Ful lical personnel to treat me/child in a medical heirs, representatives, administrators and as	the TGKP Ranch activities and do hereby against TGKP, its successors and assigns, its rthermore, I give my consent to the situation. My signature on this document is
Signature of Participant	Printed Name of Participant	Date

parent(s)/guardian(s) give authority to the TGKP staff to act in my/our absence.

If under 18, Signature of Parent/Gu	ardian:	
Printed Name of Parent/Guardian:	Date _	
Address of Parent/Guardian:	Phone:	
Media Authorization, Release and C	Clearance	
to record the voice and/or photogra photos will and can include but are r	ph the likeness with still camera, motion pic not limited to cellular phones, digital, film, vic	
Signature of Participant	Printed Name of Participant	Date
If under 18, Signature of Parent/Gu	ardian:	
Printed Name of Parent/Guardian:	Date ; _	
said voice, likeness or representatio	, ,	tion of American Indian Affairs (AAIA) to use- c and scientific community and Tiwahe website
I authorize TGKP and AAIA to u	se the photo/likeness of the above named o	n their website <u>without</u> identification.
I authorize TGKP and AAIA to u	se the photo/likeness of the above named o	n their website <u>with</u> identification.
NOTE :Visual/recordings will be in th	ne public domain & may be reproduced witho	out further permission.
Signature of Participant	Printed Name of Participant	
If under 18, Signature of Parent/Gu	ardian:	
Printed Name of Parent/Guardian:		