Sinte Gleska University

2024 TGKP Wikosklaka Summer Sunkawakan / Horse Day Camp

Girls Ages 12-18 June 11-13, 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**

Dates: June, 11-13 2024 Tuesday-Thursday Hours: 9:00 am-4:00pm

Location: SGU/TGKP Horse Ranch

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

Name:				Date of Birth:/			
	First	MI	Last	М	onth/Day/Year		
Addres	s:						
				Town	Zip		
Phone:	Home:		Cell:	Work:	Message Phone:		
School	•			Grade as of 8/2024:			
	•	• •	•	sabilities or medical issue	es, such as Diabetes, asthma, allergies,		
							
Camp	Rules: 1. Cor	ne on time	and stay till	end of session. Come eve	ery day.		
	2. Follo	ow COVID (CDC Guidelin	es for camp. (Symptom c	heck, temperature		
	Che	ck, hand w	ashing.)				
	3. Res _l	ect other	campers, ho	rses, staff and tack (hors	e equipment.)		
	4. Do n	ot play on	or around ra	nch vehicles, trailers, mo	owers or tractors.		
	5. List	en to teach	nings, safety	rules and participate in	camp activities.		
	6. Sta	y with the	group. Do no	t wander off.			
	7. Tell	Adults if tl	nere is a prol	blem.			
	8. Hav	e fun!					
l agree	to abide by C	amp rules,	safety rules	, wear proper clothing (J	eans, T-shirts, Boots (provided at camp.)		
Youth :	Signature:			Date:			
Parent	Consent Sign	nature:		Date: _			
Name (of Applicant: _						
					AKAN OYATE GIRLS CAMP		

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 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 #						
 tried to intervene with the child to parent(s)/guardian(s) to take app fully responsible for retrieving my TGKP is not liable for theft or loss of value to camp. You may not use cell phones during phoning/FB/TikTok, etc. are allowed emergency. Cell phones can be loce The youth/participant agrees to refer the please do not send child to camp version. 	o attain acceptable behavior, TGKF ropriate action including sending child from the camp. of any personal items. Please do not g sessions. You may only use during ed during sessions. Camp staff carked in office for safety. emain drug, alcohol and tobacco for the contagious illness, such a series.	rry a cell phone for use in case of ree during the camp.					
Parent/GuardianDate							
Child/YouthDate							
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 TGKP Ranch activities and do hereby release the SGU TGKP, all persons and agents, from liability which I may ever have against TGKP, 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.							
Signature of Participant	Printed Name of Participant	Date					
If under 18, Signature of Parent/Guardian:	<u> </u>						
Printed Name of Parent/Guardian:	Date						

Address of Parent/Guardian:	Phone:	
Media Authorization, Release and Clea	rance	
to record the voice and/or photograph t photos will and can include but are not l	the likeness with still camera, motion pic imited to cellular phones, digital, film, vic	ni Pi and Association of American Indian Affairs ture camera, and television camera. These deo still.
	Printed Name of Participant	Date
If under 18, Signature of Parent/Guardi	ian:	
Printed Name of Parent/Guardian:	Date ; _	
said voice, likeness or representation in so long as such use is in keeping with es I authorize TGKP and AAIA to use t I authorize TGKP and AAIA to use t	appropriate media outlets for the public	n their website <u>with</u> identification.
Signature of Participant	Printed Name of Participant	
If under 18, Signature of Parent/Guard	ian:	
Printed Name of Parent/Guardian:		