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

**PRIMARY FOCUS:** 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*

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Application for SGU Tiwahe Glu Kini Pi Summer Sunkawakan Oyate Girls Camp Ages 12-18

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 Month/Day/Year
Address: ________________________________________ ________________________________
                                                Town Zip
Phone: Home:__________________ Cell:________________  Work:______________________  Message Phone:__________________
School:_________________________________________ Grade as of 8/2024:__________
Please describe any physical handicaps, disabilities or medical issues, such as Diabetes, asthma, allergies, etc.:__________________________________________________________
                                                                                       ___________________________________________________________________________
Camp Rules: 1. Come on time and stay till end of session. Come every day.
       2. Follow COVID CDC Guidelines for camp. (Symptom check, temperature check, hand washing.)
       3. Respect other campers, horses, staff and tack (horse equipment.)
       4. Do not play on or around ranch vehicles, trailers, mowers or tractors.
       5. Listen to teachings, safety rules and participate in camp activities.
       6. Stay with the group. 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.)
Youth Signature: _______________________________ Date:______________
Parent Consent Signature: ___________________________ Date: ______________
Name of Applicant: ______________________________________________________
SGU TIWAHE GLU KINI PI SUMMER SUNKA WAKAN 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 # __________

- If my/our child becomes disruptive and/or is causing a hardship for the rest of the group and TGKP staff has tried to intervene with the child to attain acceptable behavior, TGKP staff has the permission of the child’s parent(s)/guardian(s) to take appropriate action including sending the child home. I understand that I am fully responsible for retrieving my child from the camp.
- TGKP is not liable for theft or loss of any personal items. Please do not bring jewelry, wallets or other items of value to camp.
- 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.
- The youth/participant agrees to remain drug, alcohol and tobacco free during the camp.
- Please do not send child to camp with ANY contagious illness, such as a fever, cold, flu, infection or rash.

I give permission for my child to participate in the TGKP summer Sunkawakan Oyate Girls camp, and my child and I agree to the terms set forth above.

Parent/Guardian Date

Child/Youth Date

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: ____________________________________________

Printed Name of Parent/Guardian: __________________________________ Date _________
#### Media Authorization, Release and Clearance

The Undersigned, without compensation, hereby authorizes SGU Tiwahe Glu Kini Pi and Association of American Indian Affairs to record the voice and/or photograph the likeness with still camera, motion picture camera, and television camera. These photos will and can include but are not limited to cellular phones, digital, film, video still.

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If under 18, Signature of Parent/Guardian: __________________________________________

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The undersigned hereby authorizes SGU Tiwahe Glu Kini Pi (TGKP) and Association of American Indian Affairs (AAIA) to use said voice, likeness or representation in appropriate media outlets for the public and scientific community and Tiwahe website so long as such use is in keeping with established standards of good taste.

___ I authorize TGKP and AAIA to use the photo/likeness of the above named on their website without identification.

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**NOTE:** Visual/recordings will be in the public domain and may be reproduced without further permission.

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