

LAKOTA YOUTH DEVELOPMENT

Youth Rise through Wolakota

WICOTI TIWAHE

CAMP APPLICATION

2025 SEASON

FOR AGES 12 TO 18 YEARS OLD

CONTACT: Marla C. Bull Bear phone: 605-654-2050 Cell# 605-840-4417

Tyler Makes Room for Them 605-654-2050 Cell# 605-840-8152

Fax: 605-605-2057 Lakota Youth Development 30122 352nd Ave, Herrick, SD 57538-0277

www.lakotayouthdevelopment.org

lakotayouthdevelopment@gmail.com



FOR PROGRAM USE ONLY

Participant Enrollment Year _____

ID CODE _____

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Lakota Youth Development
30122 352nd Avenue
Herrick SD 57538
(605)654-2050

Name (print) _____ Date of
Birth _____

Address _____

City: _____ Zip Code _____

School: _____ Grade _____

Home Phone: _____ Cell phone: _____

Mother's
name _____ Phone/Cell _____

Work
phone _____ Email _____

Father's
name _____ Phone/Cell _____

Work
phone _____ Email _____

*I wish to enroll in the following Camps /programs offered by the Lakota Youth
Development WicozaniPatintanpi Prevention Activities*

Dates and protocol are subject to change please confirm date 1 week prior

Spring/Theater Camp	June 17-20	{ }
Isnati Awica Lowanpi, (girls coming of age camp)	June 24-27	{ }
Woitancan Skanpi Leadership & History Camp	July 8-11	{ }
Bow and Arrow Camp	July 22-25	{ }
End of Summer/Horse Camp	Aug. 1-4	{ }
August Retreat Camp	August 22-24	{ }
Labor Day Powwow	August 29-31	{ }
Monthly Girls Weekend Retreats	Sept. - May	{ }
Monthly Boys Weekend Retreats	Sept.-May	{ }

Liability/Drugs/Weapons/Electronics/Publications/and Medical Waiver Form

Risk/Dangers/Safety:

I, as a participant, understand the Lakota Youth Development (LYD) sponsored activities pose certain physical, mental and emotional challenges. I acknowledge that certain risks and dangers exist in activities that take place in an outdoor setting where many of the programs are conducted. These risks include, but are not limited to, loss or damage to personal property, injury such as scrapes, cuts, bruises and though extremely rare, more serious injuries due to events (i.e. lightning) which are beyond the control of the program or the facilitators. I understand that while the program and its staff will make every reasonable effort to minimize exposure to known risks, not all dangers, hazards and perils can be foreseen. I and my (son/daughter/ward) have a personal responsibility and duty to learn and follow all safety standards, guidelines and procedures established by the instructor/facilitator and will make instructors /facilitators aware at any point during the activity in which I question my knowledge of these standards, guidelines and procedures or my ability to participate.

Participant Initial

Parent Initial**Risk & Liability**

I understand and assume all dangers (hazards or perils) and risks associated with these programs and activities and waive all claims or causes of action arising from my (son's/daughter's/ward) participation in the Lakota Youth Development activities and do hereby release the Lakota Youth Development all persons and agents from liability which I may ever have against LYD, 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 and my (son/daughter/ward) in a medical situation. My signature on this document is also intended to bind my successors, heirs, representatives, administrators and assigns.

Participant Initial

Parent Initial**Liability/Drugs/Weapons/electronics/Publications/and Medical Waiver Form****Drug& Alcohol Free/No weapons**

I understand that all LYD programs and activities are "Drug -Free" and that no Tobacco, Alcohol, or other illegal substances may be used or in possession during any LYD activity. I also acknowledge that any type of weapon/firearms or any materials that could cause damage or personal injury is strictly prohibited from the LYD programs, activities, camps and offices other than those provided and/or created by/with LYD in connection with Bow and Arrow Camp and/or Hunting Camp activities.

Participant Initial

Parent Initial**I-pods, cell Phones, and other media devices:**

I understand that I-pods, cell phones, text messaging and other behaviors and devices that distract from being present during programming should be turned into staff or left at home. I understand that LYD will allow youth to have access to cell phones and text messages to communicate with family/guardians. Anyone needing to reach a participant during programming times should call the Executive Director/ camp coordinator directly or call the LYD office at 605-654-2050.

Participant Initial

Parent Initial

Appropriate clothing:

I understand that my son/daughter/ward will wear clothing that conveys positive and appropriate messages. Clothing must fit and cover underwear and mid-drift areas should not be exposed.

Participant Initial

Parent Initial**Photos/Videos/Publications:**

I consent and authorize LYD to use, reuse and/or publish photographic and /or video graphic material taken of me and/or my (son/daughter/ward) while participating in activities sponsored by Lakota Youth Development. I understand that these photographs, negatives, and/or videotapes may be used in educational settings, promotions and/or professional publications and/or conferences. I further understand that these materials can be used without limitation, reservation, or compensation to promote LYD programs. I further understand that my name and/or (my son/daughter/ward) name will be kept confidential.

Participant Initial

Parent Initial**Liability/Drugs/Weapons/electronics/Publications/and Medical Waiver Form****Medical Advice/Health Insurance**

In signing this document for participation in the Lakota Youth Development youth programs and activities, I authorize the instructor/facilitator of the event to secure such medical advice and services for a participant, attempts will be made to contact the parent or guardian whenever possible. If the attempts are unsuccessful or when due to the nature of the emergency there is insufficient time to contact the parent or guardian, the medical advice and/or services will be sought. I agree to accept financial responsibility for any such services where:

-
- The health and well-being of the applicant is involved.
 - Medical advice has been such that further services are required.
 - Benefits of my health insurance plan have been exhausted and additional loss of income and/or medical expenses are incurred.
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Participant Initial

Parent Initial

Signature of participant (minors must sign)

Date

Signature of Parent /guardian

Date

If you need further explanation on any of the above statements, please ask for assistance or clarification.

The Wicozani Patintanpi Coalition / Lakota Youth Development believe all youth deserve a second chance as well have the power to become responsible contributors to their families and communities. The Wicozani Patintanpi Prevention Activities welcome court involved youth. However, to participate in Wicozani Patintanpi Prevention Activities permission must also be sought from your child's probation officer.

Probation Officer Name

Phone

**LYD Youth Activities
PARENTAL/GUARDIAN INFORMED CONSENT FORM**

Introductory Statement

You have chosen to enroll your son or daughter in an activity of Lakota Youth Development Wicozani Patintanpi Coalition and Project Venture Prevention Model. This program is a Lakota culturally based Substance Abuse and Juvenile Delinquency Prevention model. All Wicozani Patintanpi Prevention Activities are funded with South Dakota state prevention dollars, private donations and other grant awards as well as efforts from volunteers.

Discomforts and Risks

Your child may experience certain physical changes during exercise and horseback riding. These changes may include heat related illnesses, abnormal heartbeats and blood pressure and, in rare instances, events such as "heart attacks". Professional care in the selection and supervision of participants provides, but does not insure, appropriate precautions against such problems.

Parent Roles and Expectations

Parents are encouraged to become actively involved, however involvement is not required for your child to participate in activities. If your child becomes disruptive and/or is causing a hardship to the rest of the group and LYD staff has tried to intervene with the youth to attain acceptable behavior, the staff has the parents/guardians permission to take whatever action they deem appropriate even to sending the said youth home, **AT THE EXPENSE OF THE PARENT/GUARDIAN.**

Authorization

I have read this form and understand there are inherent risks associated with physical activity, horseback riding and recognize it is my responsibility to provide accurate and complete health history information. I also understand that my son or daughter will be participating and learning about the Lakota culture to some this is considered pre-colonized traditions and it may conflict with the Non-Native society definition of spirituality, as well as other belief systems. I also understand that all rewards (field trips, incentives) are based on attendance, discipline, and participation. To the best of my knowledge there are no contraindications to my child's participation in Lakota Youth Development Prevention Activities.

Signed by parent or guardian

Date

**Lakota Youth Development
Wicozani Patintanpi Prevention Activities
Health History Form**

Name _____ Birthdate _____
_____ Height: _____ Weight: _____ Do you wear glasses? ____ Yes ____ No
Do you wear contacts? ____ Yes ____ No
Are you under the care of a physician? ____ Yes ____ No If yes, Please
explain _____

Please check if your child has any of these problems, these are common health problems that are important to be aware of so that our exercise routines will be safe.

_____ Heart murmur or heart problems _____ High blood pressure
_____ Asthma (If yes, bring your inhaler) _____ Diabetes or abnormal blood sugar
tests
_____ Are you pregnant? If yes, you cannot actively participate without permission from your physician.

_____Epilepsy/ seizures or frequent fainting/dizziness _____Exposed to Violence
_____Treated for Mental Health problems _____Orthopedic or muscular limitations
_____ADD/ADHD _____Obesity or weight problems
Do you have disabilities _____Yes _____No If yes, please explain:

ALLERGIES: (PLEASE CHECK ALL THAT APPLY. BRING YOUR EPI-PEN OR OTHER MEDICATIONS ALONG.

___Poison Ivy ___Bee stings ___Other insect stings, bites ___Penicillin ___Aspirin

___Foods? (Please list _____

___Other (Please explain) _____

Please List any allergies to other medications:

Please list all prescription drugs your child is taking. _____

Do you live with or spend a lot of time with someone who smokes cigarettes?

___Yes ___No

Do you ever sleepwalk? _____yes _____no

Immunizations:

___DTP Series ___Tetanus Booster ___Polio Series ___Small pox ___Measles
___Rubella ___Tuberculosis Test result: ___Pos. ___Neg.

Please indicate any other health information we should know to provide you with a safe experience such as special diet requirements, physical restrictions, and etc.

Who should we contact in case of emergency?

Name_____Phone_____

ALTERNATE EMERGENCY CONTACT:

Name_____Phone_____

I certify that the information provided above is a complete and accurate statement of the physical factors which may affect my participation in Lakota Youth Development activities. I realize that failure to disclose such information could result in harm to me or my fellow participants. I agree to indemnify and hold Lakota Youth Development, its staff and contractors harmless from any and all liability.

Participant signature: _____ Date: _____

Parent/Guardian Signature if under 18 years old: _____ Date: _____

Name of youth participant: _____

DOB: _____

PERMISSION TO PROVIDE NECESSARY TREATMENT OR EMERGENCY CARE

Social Security Number _____

Tribal Enrollment Number _____

PERMISSION TO PROVIDE NECESSARY TREATMENT OR EMERGENCY CARE

I HEREBY GIVE PERMISSION TO THE MEDICAL PERSONNEL SELECTED BY LAKOTA YOUTH DEVELOPMENT WICOZANI PATINTANPI PREVENTION ACTIVITIES TO PROVIDE TRANSPORTATION AND OBTAIN MEDICAL CARE FOR MY CHILD. IN THE EVENT I CANNOT BE REACHED OR MY EMERGENCY CONTACT IN AN EMERGENCY. I HEREBY GIVE PERMISSION TO THE PHYSICIAN SELECTED BY LAKOTA YOUTH DEVELOPMENT STAFF TO SECURE AND ADMINISTER TREATMENT, INCLUDING HOSPITALIZATION FOR THE PERSON NAMED IN THE HEALTH HISTORY FORM.

SIGNATURE OF PARENT/GUARDIAN

DATE

LAKOTA YOUTH DEVELOPMENT Wicozani Patintanpi Will Measure Participant

Date Measurements Taken _____

Weight _____ Height _____

Waist _____ BMI _____

Wicozani Patintanpi (Promoting Healthy Lifestyle)

Information for Parent/Guardian

Wicozani Patintanpi (Promoting Healthy Lifestyles) a Project Venture prevention program model is an experiential learning program for girls and boys ages 12-18 years old which focuses on re-establishing Wolakota (Lakota way of life) through focusing on the twelve Lakota virtues known to the Seven Council Fires of the Tetowan Lakota – compassion, perseverance, sacrifice, fortitude, generosity, wisdom, love, respect, bravery, honor, humility and truth. The goal of the Wicozani Patintanpi Project Venture prevention program model is to promote thoughtful behavior choices, provide youth with information and skills to reduce risk behaviors associated with historical trauma and internalized oppression while strengthening youth via cultural roles and responsibilities so that they can avoid negative elements in their lives such as alcohol, drugs, violence and suicide. It is anticipated that this curriculum develops a greater sense of self-esteem through learning, practicing and building resiliency and refusal skills by being immersed in the Lakota culture. It is also anticipated that the youth who participate will re-establish their cultural identity engendering a pride in themselves that will create an internal motivation to avoid negative elements in their lives. The program, as an evidence model requires extensive evaluation on its benefits and outcomes to participating youth to comply with Project Venture standards, as Project venture is the model that is followed. It is listed in the National Registry of Evidence-based Programs and Practices. The program and staff are housed within LAKOTA YOUTH DEVELOPMENT under the guidance of the Wicozani Patintanpi Coalition on the Rosebud Sioux Tribe Reservation in rural south central South Dakota. As a project venture program, our philosophy focuses on strengths –based approach and service staff participants are role models for youth. Based on this, our explanation is that Service staff will wear clothing that conveys positive and appropriate messages. Clothing must fit and cover underwear and mid-drift areas should not be exposed.

I-pods, cell phones, text messaging and other behaviors and devices that distract from being present during programming should be left at home or put away in the “off” position. We understand that youth, may need to have access to cell phones and text messages to communicate with family/guardians. Specific times will be set aside when youth can access their devices to “check in”

PURPOSE

I am being invited to take part in the Wicozani Patintanpi prevention program model evaluation. I/my child are being invited to do so as a volunteer. The purpose of this project is to examine the Wicozani Patintanpi prevention program model to see, 1) if my child's participation helps decrease or prevents the use of drugs, tobacco, and alcohol, 2) if my child's health risk behaviors change over time and 3) if my child's chances of engaging in and remaining in community-based organizations and cultural activities are better than the chances of those who do not participate in the Wicozani Patintanpi Prevention Program. I/my child are being invited to participate because I am over 18 years of age and my child is participating in the program. If I/my child does not take part in the evaluation, or choose to drop out of the evaluation I/my child will still be allowed to receive the same services from the Wicozani Patintanpi Prevention Program.

BENEFITS/RISKS

Your child will receive program services designed to develop skills needed to lead a healthy life, and to develop confidence and self-esteem. He or she will get to participate in positive recreational activities such as hiking, climbing, horseback riding and camping. We'll also be doing service learning projects together. We believe that this will help your child to solve problems, to make good choices, and to develop leadership skills.

LYD has been working with youth for 16 years and Project venture has been working with youth for 25 years this combined experience and knowledge has allowed both to not have a serious accident or problem. IT is possible however, that your child could get hurt on one of the recreational activities. LYD carries the required liability insurance, though parents must still be responsible for their own medical coverage for their child. All staff and chaperones and service staff complete training that includes CPR, AED use, First aid and all must pass background checks.

My/my child's participation in this evaluation may involve some risks. I/my child may feel anxious and depressed after reporting my/their behavior during the planned and printed up interviews. While feelings of being really worried or angry or sad don't happen very often, there will be a trained counselor available to me or my child if these feelings happen. There is also the risk that information I/my child give could be given to outsiders. The evaluators have taken steps to prevent this. See “confidentiality”. There are no guaranteed direct benefits from my participation in this evaluation.

CONFIDENTIALITY

Any ongoing drug use or other behaviors that I/my child may report to the interviewer will not be recorded by Lakota Youth Development – Wicozani Patintanpi prevention program. A number will be

assigned to me/my child, and will be used on my/my child's structured interview. My/my child's name will not appear on the structured interview or in any report or publication. The list with names to be used to locate participants for the follow-up structured interviews and code numbers will be kept in a locked file and only Lakota Youth Development Executive Director will have a key.

PARTICIPATION COSTS AND SUBJECT COMPENSATION

It will not cost me/my child any money to take part in this study. I/my child will receive the valuable teachings and resources provided as a resulting in the Wicozani Patintanpi prevention program activities.

WHOM DO I CONTACT IF I HAVE QUESTIONS OR PROBLEMS DURING THE PROGRAMMING?

If I/my child has questions concerning my rights as an evaluation participant, I/my child should contact Lakota **Youth Development Executive Director, Marla C. Bull Bear, and M.A. at (605)-654-2050.**

In accordance with Federal Civil Rights law and U.S. Department of Agriculture (USDA) Civil Rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior creditable activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [How to File a Program Discrimination Complaint](#) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

USDA is an equal opportunity provider, employer, and lender."

PARENTS/Guardians, PLEASE KEEP THIS SECTION

LYD COVID 19 PROTOCOLS 2023

- LYD STAFF WILL DO PRE SCREENING OF TEMP AND ASKING IF THERE ARE ANY COVID LIKE SYMPTOMS OR FAMILY MEMBERS WITH SYMPTOMS OR ACTIVE COVID CASE, WILL BE CONDUCTED UPON ARRIVAL AND OR ENTERING LYD VEHICLES.
- ALL PARTICIPANTS CHAPERONES AND VISITORS MUST PRESENT THEIR VACCINATION CARD OR PROVIDE A COPY IF THEY HAVE BEEN VACCINATED
- IF SOMEONE BECOMES ILL WHILE IN ATTENDANCE THEY WILL BE QUARANTINED, FAMILY WILL BE NOTIFIED AND THEY WILL BE TAKEN HOME.
- FREQUENT HAND WASHING WILL BE ENFORCED!
- FOOD PREP AND SERVING PRACTICES WILL BE MODIFIED AND STRICT LIMITATIONS WILL BE ENFORCED OF ACCESS TO KITCHEN FACILITIES.

*******PROTOCOLS ARE SUBJECT TO CHANGE *******