The Pte Oyate (Buffalo Nation) care for and protect their young by putting them in the center of the herd. Our Young Relatives, ages 0-17, who have experienced trauma, loss and/or grief are invited to come to the “center” and participate in healing camps. They will be provided with education and healing opportunities, with emphasis on nurturing their Nagi (spirit) toward a strong, mind and body. Young women, up to age 18, who are pregnant and have experienced trauma are welcome to attend either the children’s camp or Young Women’s camp.

TECA WOAPIYE WICOTI
(Healing Camps for the Youth)
Pine Ridge Reservation, SD, Home of the Oglala Lakota

Hoksila/Koskalala (Boys/Young Men) Camp: May 26-30, 2016
Wakanyeja (Children) Healing Camp: July 6-10, 2016
Wikoskala (Girls/Young Women) Healing Camp: July 28-31, 2016

Tiospaye Sakowin Ceremonial Grounds, next to former Oblaye Store, approximately 2.5 miles south of Sharp’s Corner, Porcupine, SD.

Wicoti Wokiglega
Camp Goal
To give life to the values, gifts and teachings provided by Tunkasila and Unci (Grandfather and Grandmother) ancestors for the well-being and healing of our people, which include:

- **Wacante Ognaka**- To have a warm and compassionate environment for youth who have experienced trauma, grief and loss and their parent/guardian and siblings. All youth are treated as relatives and addressed as such
- **Woapiye**- To offer an opportunity for the youth (and their family if they wish) to receive a spiritual purification or “wiping off” of the spiritual residue left by the trauma they have experienced
- **Wopakinte**- To offer an opportunity for the youth to begin or strengthen their healing through traditional healing
- **Woyuskin**- to provide a happy, fun and accepting environment
- **Lakol Caswicatun Pi**- To provide an opportunity for those youth who do not have a spirit name to receive one through ceremony and to have a public acknowledgement of their spirit name to reinforce their Lakota cultural identity
- **Wicozani**- To provide an opportunity for wellness screenings health and mental health
- **Wowasake**- To provide an opportunity to strengthen the mind, body and spirit

Camp Directors/Advisors – Rick and Ethleen Two Dogs, r.twodogs@gmail.com and Gene and Cindy Giago, cindy.giago@gmail.com. For registration, contact Camp Coordinators as listed below. Once registration is confirmed, additional information will be provided for preparation and participation in the camp. There is a limit of 20 participants per camp due to limited resources and space. See registration deadlines on registration form.

Camp Coordinators
Koskalala (Young Men, age 11-17) Wicoti - Joe Giago, joe.giago@gmail.com, 605-441-2794
Wakanyeja (Children, age 0-11) Wicoti - Saige Pourier, spourierl4@gmail.com, 605-454-3150
Wikoskalala (Young Women, age 11-17) Wicoti - Randilynn Giago, isantiwinyan@gmail.com, 605-454-5178

Sponsored by: Tiospaye Sakowin Education and Healing Center
Youth Registration Form

Tiospaye Sakowin Education and Healing Center, Porcupine, SD

Youth Registration Form

Teca Woapiye Wicoti (Healing Camps for the Young)
Wakanyeja Wicoti – Registration Deadline: July 1, 2016, Camp Dates: July 6-10, 2016

NAME ___________________________________________ AGE ________ DOB ___________ Gender ____________

Lakota Name ___________________________________________ School Name ___________________________

Grade ___________________________________________ Boys Jeans size ___________ Girls Skirt Size ___________

Shirt/Blouse Size (indicate youth or adult size) ___________________________ Boys Jeans size ___________ Girls Skirt Size ___________

Gender ___________________________ M ________ F ________

Parent/Guardian Name ___________________________ Mailing Address ___________________________

Parent Home and/or Cell Phone Number ___________________________ Directions to Home ___________________________

Alternative Emergency Contacts

Primary Emergency Contact ___________ Secondary Emergency Contact ___________

Home Phone ___________________________ Work Phone ___________________________

Home Phone ___________________________ Work Phone ___________________________

Address ___________________________________________ Address ___________________________

City, ST ZIP Code ___________________________ City, ST ZIP Code ___________________________

Health and Other Considerations Information

Allergies/Special Health/Medication or Diet considerations: ____________________________________________________________

I believe my son/daughter/relative will benefit from the camp for this reason (list strengths and needs): ____________________________________________________________

PARENT/GUARDIAN UNDERSTANDING AND CONSENT

I give consent for my ___________________________ to attend and participate in the camp; and understand that he/she will be camping in Tipis. He/She is willing and able to participate in all camp activities which includes sports, hiking, Inipi, healing ceremonies, horseback riding, games, and talking circles. I understand camp sponsors are not responsible for theft or injury while youth are participating in camp activities. I understand that I am welcome and encouraged to participate also; and that I am responsible for transportation to and from the camp. I understand that parents/guardians are required to be present and participate with their child during the Children’s Healing Camp.

Parent/Guardian Name (Please print) ___________________________ Date ___________________________

Parent/Guardian Signature ___________________________ Date ___________________________