

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

Hoksila/Koskala(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.

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.*



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

Koskalaka (Young Men, age 11-17) Wicoti - Joe Giago, joe.giago@gmail.com, 605-441-2794

Wakanyeja (Children, age 0-11) Wicoti - Saige Pourier, spourier14@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

Tiospaye Sakowin Education and Healing Center, Porcupine, SD

Youth Registration Form

Teca Woapiye Wicoti (Healing Camps for the Young)

Koskala (Boys/Young Men) Wicoti (Camp) – Registration Deadline: Friday, May 20, 2016, Camp Dates: May 26-30, 2016

Wakanyeja Wicoti – Registration Deadline: July 1, 2016, Camp Dates: July 6-10, 2016

Wikoskalaka Wicoti – Registration Deadline: July 22, 2016, Camp Dates: July 28-31, 2016

NAME	AGE	DOB	M _____ F _____ Gender
Lakota Name	Grade	School Name	
Shirt/Blouse Size (indicate youth or adult size)	Boys Jeans size	Girls Skirt Size	Shoe/sock size
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