

**Native American Advocacy Program**  
Laḡota youth transitioning to culturally grounded adulthood

**WICOTI TIWAHE**  
**CAMP APPLICATION**  
**2017 CAMP SEASON**

**FOR AGES 12 TO 17 YEARS OLD**

**FOR MORE INFORMATION CONTACT:**

Marla C. Bull Bear 605-840-4417

Fax: 605-775-2148

NAAP

P.O. Box 277

Herrick, SD 57538-0277

**[www.lakotanaap.org](http://www.lakotanaap.org)**

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**Native American Advocacy Program  
34838 US Hiway 18  
PO Box 277  
Herrick SD 57538  
(605)775-2147**

FOR PROGRAM USE ONLY

Participant Enrollment Year \_\_\_\_\_

ID CODE \_\_\_\_\_

Name \_\_\_\_\_ 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 offered by the Native American Advocacy Program*

*Wicozani Patintanpi Prevention Activities*

<b>Ceremony Camp</b>	<b>June 5-8</b>	<b>{ }</b>
<b>Wicoti Tiwahe Woitancan Skanpi Leadership Camp</b>	<b>June 19-22</b>	<b>{ }</b>
<b>Wicoti Tiwahe Bow and Arrow Camp</b>	<b>June 26-29</b>	<b>{ }</b>
<b>Wicoti Tiwahe Summer Harvest Camp</b>	<b>July 31-Aug. 3</b>	<b>{ }</b>
<b>Wicoti Tiwahe Hunt Safe Certification Weekend</b>	<b>September 9-10</b>	<b>{ }</b>
<b>Wicoti Tiwahe Fall Hunt camp weekend</b>	<b>October 13-15</b>	<b>{ }</b>

## Liability/Drugs/Weapons/electronics/Publications/and Medical Waiver Form

### Risk/Dangers/Safety:

I am aware that participation in Native American Advocacy Program (NAAP) sponsored activities poses 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. lightening) 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 Native American Advocacy Program activities and do hereby release the Native American Advocacy Program all persons and agents from liability which I may ever have against NAAP, 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

### Drug& Alcohol Free/No weapons

I understand that all NAAP programs and activities are "Drug -Free" and that no Tobacco, Alcohol, or other illegal substances may be used or in possession during any NAAP activity. I also acknowledge that any type of weapon/firearms or any materials that could cause

**Liability/Drugs/Weapons/electronics/Publications/and Medical Waiver Form**

Damage or personal injury are strictly prohibited from the NAAP programs, activities, camps and offices.

\_\_\_\_\_  
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 NAAP 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 NAAP main office at 605-775-2147 or Camp 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 NAAP 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 the Native American Advocacy Program. 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, other than the receipt hereby given. I further understand that my name and/or (my son/daughter/ward) name will be kept confidential.

\_\_\_\_\_  
Participant Initial

\_\_\_\_\_  
Parent Initial

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**Liability/Drugs/Weapons/electronics/Publications/and Medical Waiver Form**

**Medical Advice/Health Insurance**

In signing this document for participation in the Native American Advocacy Program 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.
- 

\_\_\_\_\_  
Participant Initial

\_\_\_\_\_  
Parent Initial

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**Signature of participant (minors must sign)**

**Date**

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**Signature of Parent /guardian**

**Date**

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

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The Wicozani Patintanpi Coalition along with the Native American Advocacy Program 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.

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Probation Officer Name

Phone

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

**Introductory Statement**

You have chosen to enroll your son or daughter in an activity of the Native American Advocacy Programs' Wicozani Patintanpi Prevention Model. This program is a Lakota/Dakota 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. However if your child becomes disruptive and/or is causing a hardship on the rest of the group and Wicozani Patintanpi have tried to intervene with the youth to attain acceptable behavior, the staff have 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/Dakota culture to some this is considered spirituality and it may conflict with the Non-Native society definition of spirituality, as well as other Native Americans. 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 the Native American Advocacy Programs' Wicozani Patintanpi Prevention Activities.

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**Signed by parent or guardian**

**Date**

**Native American Advocacy Program**  
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

\_\_\_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 \_\_\_\_\_

I certify that the information provided above is a complete and accurate statement of the physical factors which may affect my participation in Native American Advocacy Program activities. I realize that failure to disclose such information could result in harm to myself or my fellow participants. I agree to indemnify and hold the Native American Advocacy Program, its staff and contractors harmless.

Participant signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature if under 18 years old: \_\_\_\_\_ Date: \_\_\_\_\_



**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 THE NATIVE AMERICAN ADVOCACY PROGRAM 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 NATIVE AMERICAN ADVOCACY PROGRAM STAFF TO SECURE AND ADMINISTER TREATMENT, INCLUDING HOSPITALIZATION FOR THE PERSON NAMED IN THE HEALTH HISTORY FORM.

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**SIGNATURE OF PARENT/GUARDIAN**

**DATE**

**Native American Advocacy Program Wicozani Patintanpi Will Measure Participant**

**Date Measurements Taken** \_\_\_\_\_

**Weight** \_\_\_\_\_ **Height** \_\_\_\_\_

**Waist** \_\_\_\_\_ **BMI** \_\_\_\_\_

**Native American Advocacy Program 2017**  
**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 the Native American Advocacy Program 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 to0 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 am being invited to do so as a volunteer. The purpose of this project it 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 am being invited to participate because I am over 18 years of age and my child is participating in the program. If I/my child do/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.

NAAP has been working with youth for 10 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. NAAP 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 back ground 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 the Native American Advocacy Program – 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 the Wicozani Patintanpi Coalition Program Evaluator, Monica Raphael, 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 have questions concerning my rights as an evaluation participant, I/my child should contact the **Native American Advocacy Program Executive Director, Marla C. Bull Bear, M.A. at (605)-775-2147.**

**PARENTS, PLEASE KEEP THIS SECTION**