

TECA WOAPIYE WICOTI (Healing Camps for Youth)

Hoksila/Koskala (Boys/Young Men) Camp

Wakanyeja (Children) Healing Camp

June 29-July 3, 2018

Camp Bob Marshall, In the spiritual homeland of the Lakota People, Black Hills, near Custer, SD

The *Pte Oyate* (Buffalo Nation), who are relatives to and teachers for the Lakota people, 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 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 Two Dogs and Ethleen Iron Cloud-Two Dogs,

knifechiefbuffalonation@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 40 participants for children’s camp and 20 participants for the boys’ camp due to limited resources and space (adult family member/chaperone required). **Registration Deadline – June 15, 2018.***

Camp Coordinators

Koskalaka (Young Men, age 12-17) Wicoti - Joe Giago, joe.giago@gmail.com, 605-441-2794

Wakanyeja (Children, age 0-11) Wicoti – Saige Pourier, spourier@gmail.com, 605-454-3150

Sponsored by: Medicine Horse Society and Knife Chief Buffalo Nation Society (KCBNS – Fiscal Agent, Nonprofit Tax ID 82-3278437)

Donations appreciated!: <https://www.gofundme.com/ChildrenHealingCamp> OR contact knifechiefbuffalonation@gmail.com for credit card payment, or send check/money order to KCBNS, PO Box 306, Porcupine, SD 57772

Registration Form - Teca Woapiye Wicoti (Healing Camps for the Young)

Dates: June 29-July 3 2018 Registration Deadline: June 15th, 2018 – Fax 605-593-0123 or email spourier@gmail.com – Children’s Camp and joe.giago@gmail.com – Boys Camp

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|--|--|--------------------------|------------------------|----------------------|--------|
| NAME _____ | | AGE _____ | DOB _____ | M _____ F _____ | Gender |
| Lakota Name _____ | | Grade _____ | School Name _____ | | |
| Shirt/Blouse Size (indicate youth or adult size) _____ | | Boys Jeans size _____ | Girls Dress 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: _____

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 either cabins or in Tipis. He/She is willing and able to participate in all camp activities which may include 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 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 _____