



2017 Youth Mission Team

Itinerary & Registration Forms

We're headed to Chicago
AND Wicoti Tiwahe!

2017 Youth Mission Trip

Sunday, July 9-Monday, July 17, 2017

July 9-12 our Lakota partners -> Chicago

July 13-17 Chicago partners -> Herrick, South Dakota

Total Trip Cost/Person: \$1100 (all inclusive)

First draft of itinerary:

July 8

Sometime in the evening our Lakota partners will arrive at the DeBlasio house (480 Elder Ln, Winnetka)

July 9

9:30 AM Chicago & Lakota partners all attend church at Maple St. Park in Winnetka, are introduced to the congregation, and “sent”

11:00 AM Brunch at Christ Church & get to know you time (need 4 volunteers to put this on)

Assemble & Play Life-Sized Foosball

Possibility

1:00 PM Harvesting at family farm in Grayslake. **OR**

1:00 PM Narrated tour of Chicago by bus (hopefully Wicoti Tiwahe’s bus **OR** need 8-10 volunteers to drive)—history of immigration and poverty in the area by Bryony Altamirano—Hull House?

4:00 PM Snacks and tour of Lake Michigan on the Sea Dogs at Navy Pier

5:00 PM Hang out time at Navy Pier

6:30 PM Chicago-style pizza at Giordano’s on Navy Pier if they can accommodate the group

OR

6:00 PM Drive back to Winnetka, have Lou Malnatti’s delivered to Church on the Hill

7:30 PM Prep for VBS (7/10 at 3:00 PM)

8:30 PM Chicago movie night on the patio

2017 Youth Mission Trip

10:00 PM Family Time in Small Groups

10:30 PM Everyone home

July 10

7:30 AM Everyone meets for continental breakfast at the DeBlasio's and packs a sack lunch (need 4 volunteers to put this on)

9:30 AM Tour of Holy Family School in Lawndale (take bus or need 8-10 volunteers to drive)

10:30 AM Peacemakers discussion and service project at Holy Family (graffiti wall?)

12:00 PM Eat sack lunches at Holy Family

2:00 PM Depart Holy Family

3:00 PM VBS at Elder Park

4:00 PM Elder Park Beach swimming in the lake and grilling out for dinner (need 4 volunteers to put this on)

8:30 PM Night Ministry, feeding the homeless on the streets of Chicago (if they can't accommodate the the number of people, Plan B)

OR

7:00 PM Plan B: Feed My Starving Children, Libertyville

9:00 PM Family Time in Small Groups

9:30 PM Free hang out time at Elder Park/DeBlasio home (need 2 volunteers to provide snacks and help chaperone)

10:30 PM Everyone home

July 11

7:30 AM Everyone meets for breakfast at the DeBlasios' and packs sack lunches (need 4 volunteers to put on)

Possibility

9:00 AM Hands of Peace (Israeli & Pakistani teens) service project

2017 Youth Mission Trip

12:00 PM	Sack lunches
1:00 PM	Shopping at Tony's for Inspiration Cafe lunch-packing and dinner prep
2:30 PM	Packing sack lunches for Inspiration Cafe
3:30 PM	Half the group leaves for Inspiration cafe, gets tour of facility and their ministry
4:30 PM	Cooking dinner for the homeless at Inspiration Cafe, handing out sack lunches
4:30 PM	Half the group leave for Inspiration Cafe, gets tour of facility and their ministry
5:30 PM	Serving dinner at Inspiration Cafe, cleaning up
6:00 PM	Eat at Inspiration Cafe
6:30 PM	First group leaves for Winnetka and down time
7:30 PM	Second group leaves for Winnetka and down time
8:00 PM	Downtime and snacks at DeBlasio home
9:00 PM	Family Time in Small Groups
10:30 PM	Everyone home

July 12

8:00 AM	Everyone meets for continental breakfast at the DeBlasios' (need 4 volunteers to put this on)
9:00 AM	Leave for Great America (take Wicoti Tiwahe bus OR need 8-10 drivers) Lunch coupons provided, so they'll eat lunch in their small groups
5:00 PM	Depart Great America
6:00 PM	Team dinner at Christ Church (need 6 people to put this on)
7:00 PM	Lock-in at Christ Church
10:00 PM	Family Time in Small Groups

2017 Youth Mission Trip

10:30 PM Everyone home

July 13

6:00 AM Depart for Herrick, SD

1:00 PM Lunch in Des Moines, IA

6:00 PM Arrive at Wicoti Tiwahe, set up camp, eat dinner

9:00 PM Family Time in Small Groups

July 14, 15, 16

Up to Steve and Marla while we're at Wicoti Tiwahe!

July 17

Strike camp at 6:30 AM, clean everything, hit the road by 9:00 AM

Lunch near Sioux Falls, SD

Dinner at Grace Episcopal, Sterling

Arrive in Winnetka by 9:00 PM



Medical Release for Youth Events and Participant Information September 2016-September 2017

Return to: Leah Romanelli • Youth Minister • 470 Maple St. • Winnetka, IL 60093 • fax: 847-446-8640 • leah@christchurchwinnetka.org

Participant Name (please print)	
Date of Birth	Gender:
Grade in School 2015-2016	T-Shirt Size:
Address	
City, State, Zip Code	
Home Phone #	
Parent/Guardian Email	
Youth Cell Phone #	
Youth Email	
Parish/Church	

Health Insurance Company	
Policy #	
Insured's name	
Youth's relationship to insured	
Family Physician	
Physician Phone daytime / after hours	

Emergency Contact	Name (Please print)	Home Phone	Work Phone	Cell Phone
Parent/Guardian				
Parent/Guardian				



Emergency Contact	Name & Relationship to Youth	Home Phone #	Work Phone #	Cell Phone #
Emergency Contact if parent/guardian cannot be reached				
Special Medical Concerns (that might limit participation or be important in an emergency)				
Dietary Restrictions				
Vegetarian	_____ Yes No			
Allergies				

The following is a list of medications youth participant will need to take while attending events: (please attach list if additional room is needed)

Medications to be administered	Dosage	Times

- All prescription medication must be properly labeled in its original pharmacy container.
- Over the counter medication should be labeled with participant name on container.

Permission to receive OTC medications: I give my permission for my child to receive over the counter medications from adult staff at events, such as Tylenol, ibuprofen, cough drops, Mylanta etc.

Parent/Guardian Signature _____ **Date** _____



Parental Consent: I give full permission for my child to attend Christ Church Winnetka Youth events, including but not limited to: service projects, community outings, Jr. High / Sr. High Retreats, Mission Trips, Diocesan events and other events named here:

Photo/Video Publicity Release Statement

☐ YES

☐ NO

I give my permission for photographs or video footage of my child to be used by the Diocese of Chicago for promotional purposes. (Brochures, website photos, promotional videos, etc.) *No names are used on website photos or in publicity.*

Participant Roster

☐ YES

☐ NO

I give my permission for my child's address/phone number/email to be included on a participant roster of the event (for use of participants only)

Transportation Release

I give full permission for my child to be transported to youth activities in conjunction with the above mentioned events, away from our meeting site, riding in approved vehicles, with approved drivers in the Diocese of Chicago, and to attend and participate in activities off site of our main program.

Waiver of Liability

To the maximum extent permitted by law, I agree to hold the Diocese of Chicago, Christ Church, Winnetka, and any associated or affiliated agencies and persons free of, and to waive, any and all claims of my own, my spouse, or of my child for payment for accidental or wrongful death, injury, disability, or damages to myself, to my spouse or to the person or property of the aforementioned child arising out of or connected with his/her participation in any activity related to his/her participation in the aforementioned activity. To the maximum extent permitted by law, I freely and knowingly agree to submit to mandatory and binding arbitration any claims of my own, of my spouse and of my child, arising from or related to this Release, all claims included in this Release and waiver of liability and all claims related to the enforcement and enforceability of this Release and waiver of liability. I agree that any such arbitration shall proceed exclusively in Chicago, Cook County, Illinois, before a single arbitrator employed by or affiliated with JAMS and in accordance with JAMS Streamlined Arbitration Rules & Procedures (eff. July 15, 2009). I freely and knowingly waive, for myself, my spouse and my child, any and all rights to assert any such claims in any court or other judicial tribunal and I further waive any rights of my own, my spouse and my child to any jury trial of any claim, damage, action or cause of action subject to arbitration under this Release and waiver of liability.

Parent/Guardian Signature: _____

Youth Event Covenant

The following covenant helps provide for the physical, emotional, and spiritual safety of our Christ Church Youth Community. All participants agree to actively participate in all parts of the event and to abide by the standards of the community, which are as follows:

1. I will respect and follow the rules for the event.
2. I will respect the physical property of the facility, and the property of each person at the event.
3. I will remain on the premises and be an active participant in all scheduled activities for the event.
4. I will wear appropriate clothing.
5. I will hand in all prescription medication to the event nurse.
6. I will not enter the sleeping areas of the opposite sex.
7. I will not engage in sexual behavior, including sexual misconduct, sexually explicit communication, or harassment.
8. I will not use or be in possession of alcohol, illegal drugs, or tobacco.
9. I will not bring anything that could be considered a weapon, such as firearms, knives, pocket-knives, or fireworks.
10. I will not participate in acts of violence, aggression, or fighting.

These Standards apply to all adult and youth participants.

By signing below I agree that these are reasonable expectations and I will do everything I can to live up to them. If I choose to violate the rules set for the event I am planning to attend, I understand that there will be consequences, which may include my being sent home at my own expense and without refund.

Participant Signature: _____ **Date:** _____

As parent and/or legal guardian of this child I have read the above and believe that he/she is capable of aspiring to and following these community expectations and rules. I also understand that if my child fails to meet these expectations, I will be contacted and asked to bring my child home from the event.

Parent/Guardian Signature: _____ **Date:** _____

Native American Advocacy Program

Lakota 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

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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

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

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

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.
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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 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.

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.

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.

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

