



**Please Keep For Your Records**

**Information for Parents/ Guardians:**

The Pine Ridge Area Chamber of Commerce would like to thank you for allowing your child to participate in the 7 sacred sites tour in the great Black hills. Below you will find our agenda as well as contact information and the accommodation arrangements.

Thursday, June 14<sup>th</sup>: Buffalo Gap and Wind Cave

Friday, June 15<sup>th</sup>: Harney Peak and Pesla

Saturday, June 16<sup>th</sup>: Rock Butte and Devils Tower

Sunday, June 17<sup>th</sup>: Bear Butte and Home

At each site Steve DuBray and Lolita Attack Him will tell the youth the different stories surrounding the different sites.

Accommodations will be provided by Palmer Gulch Resort KOA campground (605)574-2525

If you have any questions please Call Ivan at (605)441-7396 or Rose at (605)441-8028



**PRACC Pine Ridge Area Chamber of Commerce 7 Sacred Sites Tour | June 14-17, 2012**

**Hill City, South Dakota**

**CHECK LIST**

**DEADLINE: June 8, 2012**

First Name	Middle Name	Last Name
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**CHECK LIST:**

- ☐ Completed Application
- ☐ Copy of Tribal Enrollment/ Pending Letter
- ☐ Medical Release
- ☐ Photo Release
- ☐ Copy of Applicants Report Card for Spring 2012
- ☐ Permission Slip

FOR OFFICE USE ONLY	
Completed Application (please circle one):  Yes / No	Notes:



## PRACC Pine Ridge Area Chamber of Commerce 7 Sacred Sites Tour | June 14-17, 2012

Hill City, South Dakota

### APPLICATION

**DEADLINE: June 8, 2012**

Please type or print legibly. Complete the entire application and do not leave any space blank. No incomplete applications will be accepted. Note (\*) indicates required.

<b>STUDENT INFORMATION: *First Name</b>		<b>Middle Name</b>	<b>*Last Name</b>	
<b>*Mailing Address (Street/ PO)</b>		<b>City/ Town</b>	<b>State</b>	<b>*Zip Code</b>
<b>*Home/ Message Phone</b>		<b>Cell Phone</b>	<b>Email Address</b>	
<b>Sex (Please Circle) Male / Female</b>	<b>*Date of Birth</b>	<b>Tribal Affiliation (s)</b>	<b>*Enrollment No:</b> (please attach copy of documentation)	

<b>SCHOOL INFORMATION:</b> School Name (Location of School, City, State)				
<b>School Address</b>		<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Principle's Name</b>	<b>Counselor's Name</b>		<b>School Phone Number</b>	
<b>Grade/ Class Status (For the 2012-2013 school year)</b>			<b>*Grades/ GPA:</b> (Please attach copy of students most recent report card)	

<b>PREVIOUS ACEDMIC PROGRAMS ATTEND OR CLUB MEMBERSHIPS</b>	<b>Location</b>	<b>Month/ Year</b>
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<b>PARENT/ GUARDIAN INFORMATION: *Name (First, Last)</b>		
<b>Mailing Address (City State, Zip)</b>		
<b>*Home Phone</b>	<b>Work Phone</b>	<b>*Cell Phone</b>



<b>PARENT/ GUARDIAN INFORMATION:</b> *Name (First name, Last name)		
Mailing Address (City State, Zip)		
*Home Phone	Work Phone	*Cell Phone

<b>*EMERGENCY CONTACT INFORMATION:</b> (Contact person MUST have a phone number)		
*Name	Relationship to Applicant	*Phone Number
<b>*STUDENTS WILL NOT BE ALLOWED TO BRING PERSONAL VEHICLES TO CAMP</b>		

<b>PLEASE READ AND SIGN THE FOLLOWING RELEASE STATEMENT</b>
I, the undersigned, do hereby give my full consent for my child to participate in the Pine Ridge Area Chamber of Commerce (PRACC) 7 Sacred Sites Tour staff to provide and/or seek first aid, hospital and professional care by a licensed physician(s). Further, I hereby grant permission to all use of photographs, videotapes, recordings and any other records for this event for promotional purposes only.
Should any accident/illness occur requiring medical care for my child, I give full consent and authorization for the PRACC (Pine Ridge Area Chamber of Commerce) Life Skills Camp staff to provide and/or seek first aid, hospital, and professional care by a licensed physician(s). Further, I hereby grant permission to all use of photographs, videotapes, recordings and any other records for this event for promotional purposes only.

Name of Parent/ Guardian (please print)	Signature	Date
Name of Parent/ Guardian (please print)	Signature	Date

For questions concerns, or contact the Pine Ridge Area Chamber of Commerce (605) 455-2685 or email <a href="mailto:pracc@gwtc.net">pracc@gwtc.net</a>
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**Pine Ridge Area Chamber of Commerce**  
**PO Box 375 – Kyle, SD 57752**  
**605-455-2685**

**PARENTAL PERMISSION SLIP**

**Event Name:** 7 Sacred Sites Tour **Place:** Black Hills, SD **Date(s):** June 14 – 17, 2012

**Participant Name:** \_\_\_\_\_ **Birth date:** \_\_\_\_\_

I give permission for my child to attend the Identified Youth event listed above.

**Activity Release**

I further give permission for my child to participate in all supervised activities except as noted:

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\_\_\_\_\_  
Printed name of Parent or Legal Guardian

\_\_\_\_\_  
Signature of Parent or Legal Guardian / Date

**EMERGENCY CONTACT INFORMATION**

**Parent/Guardian**

\_\_\_\_\_  
Name(s)  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City State Zip

etc.)

**Phone Numbers** **Phone Type**  
**(Home, Mobile,**


**Other Emergency Contact**

etc.)

\_\_\_\_\_  
Name(s) Relationship to Participant

**Phone Numbers** **Phone Type**  
**(Home, Mobile,**




**Pine Ridge Area Chamber of Commerce**  
**PO Box 375 – Kyle, SD 57752**  
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### **MEDICAL RELEASE**

The undersigned acknowledges that care will be taken to avoid problems or accidents however: in consideration for being accepted for participation in any trip or activity, I do hereby release, forever discharge and agree to hold harmless said company, board, employees and agents from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the participant that occur while said person is participating in any trip or activities.

The undersigned further consents to the administration of the administration of first-aid and/or doctor's care, or any other form of medical treatment necessitated by illness or injury that may be required. In the event or the necessity of such care or treatment as heretofore described, the undersigned agrees to hold harmless and indemnify said company, board, employees and agents from any acts of malfeasance, and/or failure to act on the part of those chosen to help or to administer medical care on behalf of the participant.

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Print Participant's Name

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Signature (If a minor/child, signature of parent or legal guardian)

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Date

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Address

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Home Phone / Cell Phone / Work Phone

List of Medication(s), medical allergies, medical problems:

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**PO Box 375 – Kyle, SD 57752**  
**605-455-2685**

### **PHOTO/VIDEO RELEASE FORM**

I hereby give permission for images of my child, captured during the Sacred Sites Tour and activities through video, photo and digital camera, to be used solely for the purposes of Pine Ridge Area Chamber of Commerce's promotional material and publications, and waive any rights of compensation or ownership thereof. Photos maybe posted on PRACC's website and facebook page.

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Name of Participant (please print)

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Name of Partent/Guardian (please print)

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Parent/Guardian's Signature

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Date