

**T.R.A.C. ALOHA – LIFE CHURCH
TEEN REACH ADVENTURE CAMP
CAMPER APPLICATION**



Girls' T.R.A.C.: Thursday, July 25, 2024 to Saturday, July 27, 2024

Boys' T.R.A.C.: Thursday, July 18, 2024 to Saturday, July 20, 2024

T.R.A.C. Aloha – Life Church, Aloha OR
5585 SW 209th Ave
Aloha, OR 97078

teenreach@lifechurchpdx.com

Questions: Contact email address above or call the church at (503) 649-4444

SECTION 1. Camper Information.

Camper's full name Preferred name/nickname

Biological sex (M/F) Birth date (MM/DD/YYYY) Age Emotional age

Shirt size (Adult sizes: XS - XXL) Shoe size

Name of teen's case worker Case worker's phone number Case worker's email address

Name of case worker's supervisor Supervisor's phone number Supervisor's email address

Name of person teen is living with Relationship to teen (bio-parent, adoptive/foster parent, relative, etc.)

Length of time teen has been in this home Street address City County State Zip

Home phone Cell phone Work phone Email address

Emergency contact (during camp) Phone number Email address

Camper name: _____

Has teen attended Royal Family KIDS Camp or T.R.A.C? (Yes/No) _____ If yes, which one? _____

Names and ages of other foster children living in this home _____

Yes/No—This **youth is approved to attend the T.R.A.C. *life* mentoring program** if one is operating in this area, and he/she is selected to be a participant.

SECTION 2. Camper Personality. Please help us get to know this teen better so we can provide positive interactions and activities at camp. Check the boxes which best describe the teen **most** of the time.

- | | | | |
|-----------------------------------|--------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> social | <input type="checkbox"/> energetic | <input type="checkbox"/> talkative | <input type="checkbox"/> humorous |
| <input type="checkbox"/> quiet | <input type="checkbox"/> serious | <input type="checkbox"/> planner | <input type="checkbox"/> shy |
| <input type="checkbox"/> orderly | <input type="checkbox"/> competitive | <input type="checkbox"/> determined | <input type="checkbox"/> peacekeeper |
| <input type="checkbox"/> athletic | <input type="checkbox"/> observer | <input type="checkbox"/> perfectionist | <input type="checkbox"/> performer |
| <input type="checkbox"/> kind | <input type="checkbox"/> optimistic | <input type="checkbox"/> negative | <input type="checkbox"/> leader |

SECTION 3. Emotional & Behavioral History. Indicate with an "X" the degree to which the teen has displayed the following emotions/behaviors in the past 12 months. Please answer honestly. (Negative behaviors do not disqualify a teen from attending camp.)

	Often	Sometimes	Never
Aggression/Anger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bedwetting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Biting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hyperactive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nightmares	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Runs Away	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Acting Out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stealing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Withdrawn/Sad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please explain any behaviors that occur often and describe how they are handled.

Camper name: _____

SECTION 4. Medical Information.

Doctor's name Facility name Phone number

Medical insurance name Insurance number

Name of Counselor/Psychologist Phone number

Immunizations up to date? (Yes/No) Date of last tetanus booster (TDAP)? _____

If no, what immunizations is teen missing? _____

Does teen have seasonal allergies? (Yes / No) Does teen have ANY food or drug allergies? (Yes / No)

If yes, please describe. _____

Is teen allergic to bees? (Yes / No) Does teen carry an EpiPen? (Yes / No)

Please list ANY known medical conditions (mental or physical), illnesses or surgeries treated by a doctor in the last year.

Does teen have any physical disabilities or other limitations? (Yes / No)

If yes, please describe. _____

Is teen diabetic? (Yes / No) Does teen have asthma? (Yes / No)

Is this teen pregnant? (Yes / No)*

**If so, the teen must have a medical release signed by her doctor and her state representative.*

Camper Name: _____

SECTION 5. Permission to Administer First Aid & Over-the-Counter Medications.

I hereby give the Teen Reach Adventure Camp Nurse permission to administer first aid and the following products according to manufacturers' instructions, or as otherwise specified.

I trust the T.R.A.C. Nurse to use his/her best judgment as situations arise, and if in doubt, he/she can call for verification.

A check means: YES, I GIVE PERMISSION for that product.

List any special instructions (if required):

- Sunscreen _____
- Insect repellent _____
- Lip balm _____
- Rash ointment _____
- Tylenol _____
- Ibuprofen _____
- Antiseptic ointment _____
- Band-aid _____
- Ant-itch cream _____
- Alcohol wipes _____
- Cough syrup _____
- Cough drops _____
- Decongestant _____
- Antihistamine _____
- Pepto-Bismol _____
- Tums _____
- Other _____

Camper Name: _____

SECTION 6. Medical & Liability Release.

MEDICAL RELEASE: This health history is correct so far as I know, and the above-named minor has permission to engage in all prescribed program activities. The undersigned does hereby authorize T.R.A.C., on behalf of the undersigned, to consent to an X-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care for the above minor, which is deemed advisable by, and to be rendered under the general or special supervision of any physician/surgeon, licensed under the provision of the Medical Practice Act or any dentist licensed under the Dental Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or dentist, at a hospital, at camp or elsewhere. This authorization will remain effective while the above minor is en route to and from or involved in or participating in any camp program, unless revoked in writing by the undersigned and delivered to the Camp Director. During camp, prescription medication will be administered to youth as directed by a physician. T.R.A.C. will do everything in its power to prevent incorrect medication from being given. However, the local T.R.A.C./Teen Reach/DBA T.R.A.C./Teen Reach Adventure Camp, is not liable for incorrect medication provided to us by the legal guardian, incorrect dosages given, nor is it liable for wrong labeling on medicine bottles. Legal guardians are responsible for checking in the correct medication, bottles and dosages at the time of registration. This is not the time to give medication vacations to your teen.

LIABILITY RELEASE: Every precaution will be taken to protect campers and volunteers from harm, but the local T.R.A.C./Teen Reach/DBA T.R.A.C./Teen Reach Adventure Camp is not liable for injuries/death that youth or volunteer staff may incur while camping or participating in T.R.A.C. activities. If he/she is injured, I have given medical information and permission to take him/her to a medical facility for proper care. All extension activities are included in the liability release. I release the local T.R.A.C./Teen Reach/DBA T.R.A.C./Teen Reach Adventure Camp, from any liability surrounding any injuries/death to the camper and/or the camper's unborn child if the camper is pregnant.

As legal guardian of the above youth, I agree that all the information provided in this application is accurate. I also agree to both the medical and liability releases and the permission to administer first aid and over-the-counter medications as indicated in Section 5 above.

NOTE: AT CAMP REGISTRATION, MEDICATIONS MUST BE IN ORIGINAL PRESCRIPTION BOTTLES FROM PRESCRIBING PHYSICIAN. THIS IS NOT THE TIME TO GIVE MEDICATION VACATIONS.

Signature of Legal Guardian	Printed Name	Date
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NOTE: I certify I am the legal guardian of the above applicant. To be legally binding, I must sign in pen & scan to return OR use a legally binding electronic signature service such as DocuSign.

PLEASE SEND THE FOLLOWING TO THE LISTED ADDRESS:

- Completed application.
- Copy of health insurance/Medicaid
- \$25 Registration Fee to T.R.A.C.
(May be waived if there is a hardship.)

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