



Teen Reach Adventure Camp

A camp for at-risk youth, Ages 12 – 15, usually residing in foster care.

Teen Reach Adventure Camp (T.R.A.C.) is a positive, faith-based summer camp experience especially designed to ensure success for at-risk youth, usually residing in foster care, who have likely experienced abuse, abandonment or neglect.

Each three-day camp focuses on safety by providing a unique ratio of one counselor to every two campers. Rather than being co-ed, each camp is single-sex to promote a greater level of comfort between staff and attendees. Volunteers are vetted and trained, including a camp nurse and behavioral specialist who are available to meet the needs of campers.

Every youth is offered complete confidentiality. No volunteers will take photos, other than the camp photographer who will take pictures for individual camper photo albums. All T.R.A.C. promotional videos/pictures will be edited for confidentiality.

Campers explore the wilderness, enjoy waterfront activities, make crafts and participate in a low-level challenge course designed to build self-respect, teamwork, trust and communication while having fun. Through encouragement and quality time with each teen, volunteers at T.R.A.C. strive to give campers a sense of hope that the past doesn't have to define the future.

If you have any questions, please e-mail: **TERRI HUNNICUTT**
8820 HWY 69 SOUTH
TUSCALOOSA, AL 35405
205-752-0927

THUNNICUTT@VALLEYVIEWTUSCALOOSA.COM

**TUSCALOOSA COUNTY
TEEN REACH ADVENTURE CAMP
CAMPER APPLICATION**



Girls' T.R.A.C.: Thursday, June 20, 2019 to Sunday, June 23, 2019

Boys' T.R.A.C.: Thursday, June 27, 2019 to Sunday, June 30, 2019

T.R.A.C. TUSCALOOSA

Valley View Baptist Church 8820 Highway 69 South

Tuscaloosa, Alabama 35405

thunnicutt@valleyviewtuscaloosa.com

Questions: Terri Hunnicutt 205-752-0927; Sharon Callahan 205-752-0977

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 parent, foster parent, group home, relative) _____

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

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 Teen Reach Adventure Camp? (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 manufacturer's 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-Aids _____
- Anti-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 medicine 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 medicine 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

NOTE: I certify that 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
- \$ Registration Fee to T.R.A.C.
(Can be waived if there is a hardship.)

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