



## **A PROGRAM OF TEEN REACH**

A Camp for Teens Residing in Foster Care, Ages 12 – 15

T.R.A.C. is a camp experience especially designed for youth residing in foster care who have likely experienced abuse, abandonment, or neglect. The goal at camp is to spend quality time with these teens, encouraging fun while building respect, teamwork, & trust.

- ❖ Each camp is single gender, removing many behavioral issues due to puberty.
- ❖ Each camp provides safe supervision. Every precaution will be taken to protect campers from harm. However, Teen Reach is not liable for injuries/death that youth or volunteer staff may incur while camping or participating in T.R.A.C. activities.
- ❖ Volunteers must complete an interview, background check, and mandatory training to comply with state requirements for working with adolescents. Counselors are paired with two campers. If possible, campers will be paired with their counselors from Royal Family Kids' Camp.
- ❖ Each three-day camp gives teens many opportunities to excel. Some activities may include: woodworking/art projects, fishing, horseback riding, fishing, archery, and/or swimming.
- ❖ Every camp has medical personnel available to administer first aid and medication to campers as directed by their physicians. Meds will be kept in a safe, locked, confidential location at camp. **MEDICATIONS MUST BE IN ORIGINAL PRESCRIPTION BOTTLES FROM PRESCRIBING PHYSICIAN. NOTE: THIS IS NOT THE TIME TO GIVE MEDICATION VACATIONS.**
- ❖ Every camp has a behavioral specialist who works proactively to avoid behavioral issues that may arise.
- ❖ Every youth is offered complete confidentiality. No volunteers will bring cameras except for the camp photographer who will take pictures for each camper's photo album. All T.R.A.C. promotional videos/pictures will be edited for confidentiality.
- ❖ T.R.A.C. operates by volunteer hours and donations. Charitable donations can be sent to:

TEEN REACH ADVENTURE CAMP  
TUSCALOOSA, ALABAMA CAMP #15  
TERRI HUNNICUTT- DIRECTOR  
VALLEY VIEW BAPTIST CHURCH  
8820 HIGHWAY 69 SOUTH  
TUSCALOOSA, AL 35405  
205-752-0927



# TUSCALOOSA, ALABAMA CAMP #15

## 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

#### SECTION 1. Camper Information.

Camper's Full Name		Preferred name			
Gender (M/F)	Birth date (M/D/Y)	Age	Emotional Age	Adult Shirt Size (S, M, L, XL, XXL)	Shoe Size
Name of teen's case worker address		Case worker's phone number		Case worker's email	
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)			
Street Address		City	State	Zip Code	
Home Phone	Cell Phone	Work Phone		Email address	
Length of time teen has been in this home		Has teen attended Royal Family Kids Camp? (Yes/No)		If yes, which one?	
Names and ages of other foster children living in this home					
Emergency Contact During Camp		Work Phone	Home Phone	Cell Phone	

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. Yes/No

Camper Name: \_\_\_\_\_

**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"/> talker	<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. Medical History.**

\_\_\_\_\_  
Doctor's Name Facility Name Phone Number

\_\_\_\_\_  
Health Insurance/Medicaid 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 the teen missing? \_\_\_\_\_

Does the teen have seasonal allergies? Yes/No Does the teen have ANY food or drug allergies? Yes/No  
If yes, please describe. \_\_\_\_\_

Is the teen allergic to bees? Yes/No Does the teen carry an epi pen? Yes/No

Please list ANY known medical conditions (mental or physical), illnesses or surgeries treated by a doctor.  
\_\_\_\_\_  
\_\_\_\_\_

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

If yes, please describe. \_\_\_\_\_

Is the teen diabetic? Yes/No Does the 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: \_\_\_\_\_

Please list ALL medications the teen is taking.

Name of Medicine	Taken For	Dosage/Amount	Time Given

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

**SECTION 4. Emotional & Behavioral History.** Indicate with an 'X' the degree to which the teen displays the following emotions/behaviors. Please answer honestly. Negative behaviors do not disqualify a teen from attending camp.

	Often	Sometimes	Never
Aggression/Anger			
Bedwetting			
Biting			
Eating Disorder			
Hyperactive			
Lying			
Nightmares			
Runs Away			
Sexual Acting Out			
Stealing			
Withdrawn/Sad			

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

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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.

Please check YES or NO for the medications listed blow.

YES	NO		List any special instructions (if required):
<input type="checkbox"/>	<input type="checkbox"/>	Sunscreen	_____
<input type="checkbox"/>	<input type="checkbox"/>	Insect repellent	_____
<input type="checkbox"/>	<input type="checkbox"/>	Lip balm	_____
<input type="checkbox"/>	<input type="checkbox"/>	Rash ointment	_____
<input type="checkbox"/>	<input type="checkbox"/>	Tylenol	_____
<input type="checkbox"/>	<input type="checkbox"/>	Ibuprofen	_____
<input type="checkbox"/>	<input type="checkbox"/>	Antiseptic ointment	_____
<input type="checkbox"/>	<input type="checkbox"/>	Band-Aids	_____
<input type="checkbox"/>	<input type="checkbox"/>	Anti-itch cream	_____
<input type="checkbox"/>	<input type="checkbox"/>	Alcohol wipes	_____
<input type="checkbox"/>	<input type="checkbox"/>	Cough syrup	_____
<input type="checkbox"/>	<input type="checkbox"/>	Cough drops	_____
<input type="checkbox"/>	<input type="checkbox"/>	Decongestant	_____
<input type="checkbox"/>	<input type="checkbox"/>	Antihistamine	_____
<input type="checkbox"/>	<input type="checkbox"/>	Pepto-Bismol	_____
<input type="checkbox"/>	<input type="checkbox"/>	Tums	_____
<input type="checkbox"/>	<input type="checkbox"/>	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 Medicine 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, 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 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. /T.R.A.C. National/Teen Reach, Inc., 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.

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Signature of Legal Guardian	Printed Name	Date
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Signature of Case Worker	Printed Name	Date
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Signature of Foster/Bio/Adoptive Parent/Relative	Printed Name	Date
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### SEND THE FOLLOWING TO:

- Completed application.
- Copy of health insurance/Medicaid information.

**TUSCALOOSA, ALABAMA CAMP #15 T.R.A.C.**

**c/o** Terri Hunnicutt

8820 Highway 69 South

Tuscaloosa, AL 35405

**Email:** [thunnicutt@valleyviewtuscaloosa.com](mailto:thunnicutt@valleyviewtuscaloosa.com)