



Dear Foster Parents/ Caseworker,

We are pleased to be sending you this application for Teen Reach Adventure Camp (T.R.A.C.), now have open enrolment. We ask that you return this application no later than June 10th with the appropriate items we have asked you to include. Applications are accepted on a 1st come 1st serve basis so send you applications in before that date. A \$50 non-refundable deposit is required back with your teen's application. **If your child is currently a ward of the state please fill out the grant application for Arizona Friends of Foster Children for \$350. If your child is not approved for this grant or is currently not a ward of the state we do have limited scholarships.**

We look forward to seeing a COMPLETED application, and information come in the mail. Applications will not be accepted if any portion of the application is missing. **IT IS VERY IMPORTANT THAT ALL INFORMATION IS FILLED OUT!**

Thank you for everything you do for your teens, you are an incredible key to their success and participation at this camp and we appreciate your commitment to them. **Please make as many copies of this application as needed.**

Sincerely,

Kelli Freeman
Camp Director
Phone: 602-740-1772
Fax: 602-955-3543
kelli@azhope.com

***Return T.R.A.C. Application to P.O. Box 61172, Phoenix, AZ 85082*
Or fax to #602-955-3543 attention: Kelli Freeman**

TEEN REACH ADVENTURE CAMP
A PROGRAM OF HOPE & A FUTURE
A CAMP FOR TEENS IN FOSTER CARE: AGES 12 – 15

T.R.A.C. (TEEN REACH ADVENTURE CAMP) is a camp experience especially designed for youth in foster care that have likely experienced abuse, abandonment and neglect. The goal of each camp is to spend quality time with each teen encouraging them to respect themselves and others, work as a team, have fun, be safe and make a difference.

Each camp is single gender, which removes many behavioral complications due to puberty.

Each camp provides safe and appropriate supervision. All volunteers must be interviewed and have a background check, which includes any and all state requirements in order to work with adolescents.

Each (3 day) camp gives teens many opportunities to excel including: woodworking/art projects, fishing, horseback riding, wilderness safety/setting up camp, and animal handling/care.

Extension activities will be offered including: Local business tours, community out reach projects, camp work days/campfires, hikes, cooking classes, computer labs, financial classes (i.e. taking care of your own check book, creating your own budget). Dressing for success (colors, hair and value shopping), quilting/sewing classes, OMSI visits, baseball games, computer labs, art and craft classes and more!

Every camp will have medical personnel available to administer first aid and medication. All meds will be kept in a safe, confidential and locked location at camp. (This excludes extension activities.)

Every youth is offered complete confidentiality, which includes no promotional pictures. None of the counselors will be allowed to bring cameras. Pictures will be taken of each child with their counselor and activities they do and given to the child at the end of camp.

Girl's T.R.A.C.:

Sunday July 10th – Tuesday July 12th 2011

Boy's T.R.A.C.:

Wednesday July 13th – Friday July 15th 2011

T . R . A . C .

TEEN REACH ADVENTURE CAMP/TEEN REACH ADVENTURE CLUB

PROGRAM OPERATIONS AND MANAGEMENT OF FACILITY

COUNSELORS/STAFF: Every effort will be made to contact the camper's counselor from RFKC (Royal Family Kids' Camp) so that consistency can be achieved from camp to camp. However, this is not always possible. All T.R.A.C. counselors and staff will be interviewed, given back ground checks and receive training before being on staff.

CONFIDENTIALITY: Every youth registered at T.R.A.C. has the right to confidentiality. Our counselors are instructed not to take pictures or exchange addresses, phone numbers or e-mail addresses with any camper. Any videos or pictures that are obtained by the T.R.A.C. will be edited by blocking out faces if used in any promotional medium.

SAFETY: Youth will be taught camping/wilderness safety and every precaution will be taken to protect them from harm.

LIABILITY: T.R.A.C. staff is very aware of our responsibility to each youth's safety, but HOPE & A FUTURE /T.R.A.C. is not liable for injuries/death that youth or volunteer staff may incur while camping or participating in T.R.A.C. activities. See SAFETY above.

MEDICATION APPLICATION: During camp(s) (3 full days), 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, T.R.A.C./HOPE & A FUTURE 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 correct meds, bottles and dosages at the time of registration.

THIS IS NOT THE TIME TO

GIVE MEDICATION VACATIONS.

FINANCIAL COMMITMENT: T.R.A.C./HOPE & A FUTURE is a nonprofit organization. We operate by volunteer hours and funds committed to running this program. If you would like to make a charitable donation to T.R.A.C./HOPE & A FUTURE please make checks payable to HOPE & A FUTURE and mail to HOPE & A FUTURE, P.O. BOX 61172, Phoenix, AZ 85082. You will receive a charitable contribution receipt to submit with your tax return.

I have read the above and understand that by signing my name as legal guardian of:

I agree that T.R.A.C. Staff and Counselors will take every precaution to protect said youth from harm. However, in any instance they are injured I have given medical information and permission to take them to a medical facility for proper care. I release T.R.A.C./HOPE & A FUTURE INC., from any liability surrounding this injury/death.

Signed: _____ Date: _____

TEEN REACH ADVENTURE CAMP

CAMPER REGISTRATION REQUIREMENTS & APPLICATION

ALL INFORMATION WILL BE KEPT CONFIDENTIAL

For ages 12 - 15: Girl's Camp: _____ - Boy's Camp: _____

CAMPERS NAME: _____ SEX: _____ BIRTHDATE: _____

PREFERRED NAME: _____ AGE: _____ EMOTIONAL AGE: _____ T-SHIRT SIZE: _____ SHOE SIZE: _____

NAME OF PERSON CHILD IS LIVING WITH (Group Home or Facility Name, If Applicable): _____

HOW LONG? _____

CHILD IS LIVING WITH: FOSTER HM GROUP HOME RELATIVE BIO-PARENT ADOPTIVE PARENT

ADDRESS: _____

STREET

CITY

ZIP CODE

PHONE NUMBER: _____ E-MAIL: _____

CELL PHONE: _____

WHEN WAS THE CHILD ADJUDICATED AS A WARD OF THE ARIZONA COURT? (WHEN DID THE CHILD OFFICIALLY BECOME A FOSTER CHILD? (IF APPLICABLE) Month _____ Day _____ Year _____

IF THE CHILD IS NO LONGER A WARD OF THE STATE OF ARIZONA, WHEN DID THEY LEAVE THE FOSTER CARE SYSTEM? (IF APPLICABLE) Month _____ Day _____ Year _____

SECOND CONTACT: _____ PHONE NUMBER: _____

CASE WORKER: _____

CASE WORKER EMAIL: _____

AGENCY NAME: _____

ADDRESS: _____ CITY, ST, ZIP: _____

PHONE NUMBER: _____ EXT.: _____ FAX: _____

CELL: _____

MOVED IN FOSTER PLACEMENT HOW MANY TIMES? _____

Explain any unusual family circumstances that make camp especially important for the child: (for example: recent crisis, being moved in foster placement, severe economic needs, etc.)

EMOTIONAL / BEHAVIORAL HISTORY:

AGGRESSIVENESS	OFTEN	SOMETIMES	NOT AT ALL	NIGHTMARES	OFTEN	SOMETIMES	NOT AT ALL
BEDWETTING	OFTEN	SOMETIMES	NOT AT ALL	RUNS AWAY	OFTEN	SOMETIMES	NOT AT ALL
BITING	OFTEN	SOMETIMES	NOT AT ALL	SEXUAL ACTING OUT	OFTEN	SOMETIMES	NOT AT ALL
EATING DISORDERS	OFTEN	SOMETIMES	NOT AT ALL	STEALING TANTRUMS	OFTEN	SOMETIMES	NOT AT ALL
HYPERACTIVE	OFTEN	SOMETIMES	NOT AT ALL	WITHDRAWN	OFTEN	SOMETIMES	NOT AT ALL
LYING	OFTEN	SOMETIMES	NOT AT ALL	NIGHT TERRORS	OFTEN	SOMETIMES	NOT AT ALL

AS LEGAL GUARDIAN OF ABOVE YOUTH, I AGREE THAT ALL INFORMATION PROVIDED TO LIFE360 IS CORRECT:

SIGNATURE: _____ DATE: _____

MEDICAL INFORMATION:

DOCTOR: _____ PHONE NUMBER: _____ CELL PHONE: _____

MEDICAL FACILITY SEEN AT: _____

ALLERGIES: _____

EMERGENCY PRESCRIPTION SOURCE: _____ PHONE NUMBER: _____

I hereby give the Teen Reach Adventure Camp (TRAC) Registered Nurse permission to administer the following products according to manufacturer's instructions, or as otherwise specified. I trust the TRAC Registered 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 the medications listed below. This form must be completely filled out first by the primary caregiver who signs below.

YES	NO		Specify if desired
		Sun block	
		Insect repellent	
		Lip balm	
		Tic ointment	
		Rash Ointment	
		Aspirin, Tylenol or ibuprophen	
		Antiseptic ointment	
		Band-aids	

IMMUNIZATION HISTORY: PLEASE FILL IN DATES OF BASIC IMMUNIZATION AND MOST RECENT BOOSTER:

DTP SERIES _____ BOOSTER _____ TYPHOID _____ GERMAN MEASLES (RUBELLA) _____ TETANUS BOOSTER _____

MEASLES VACCINE (LIVE) _____ MUMPS VACCINE (LIVE) _____ POLIO OPV (SABIN) _____ TUBERCULIN(TB) _____ SMALL POX _____

MEDICATIONS: ALL MEDICATION SENT TO CAMP MUST BE IN THE ORIGINAL CONTAINER WITH THE PHARMACY LABEL ON IT.

IS YOUR CHILD TAKING ANY MEDICATIONS? YES _____ NO _____

1.NAME: _____ REASON: _____ DOSAGE: _____

TIMES: _____

2.NAME: _____ REASON: _____ DOSAGE: _____

TIMES: _____

3.NAME: _____ REASON: _____ DOSAGE: _____

TIMES: _____

ANY KNOWN ALLERGIES: _____ ANY KNOWN ILLNESSES: _____ ANY DISABILITIES: _____

FOR THE FOLLOWING PLEASE INDICATE DATE OF ILLNESS, SEVERITY, COMPLICATION, ANY RESIDUAL IMPAIRMENTS:

RESPIRATORY PROBLEMS: _____ HEART/CIRCULATION PROBLEMS: _____ HAY FEVER: _____ BALANCE PROBLEMS: _____

INSECT BITES: _____ DIZZY SPELLS: _____ ANAPHYLACTIC SHOCK: _____ DIABETES: _____ DRUG ALLERGY: _____

MUSCULOSKELETAL ALLERGIES: _____ FOOT PROBLEMS: _____ SEIZURE DISORDERS: _____ FAINTING: _____

SURGERY: _____ OTHER: _____

Is this teen pregnant? YES _____ NO _____

AS LEGAL GUARDIAN OF ABOVE YOUTH, I AGREE THAT ALL INFORMATION PROVIDED TO TEEN REACH IS CORRECT:

SIGNATURE: _____ DATE: _____

MEDICAL RELEASE FORM: 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. for 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, camp or elsewhere. This authorization will remain effective while the above minor is enroute to and from or involved or participating in any camp program, unless revoked in writing by the undersigned and delivered to the camp director.

CHILD'S MEDICAID #: _____

SIGNATURE: _____

RELATIONSHIP TO CHILD: _____ DATE: _____

WHISPERING HOPE RANCH FOUNDATION CONSENT AND LIABILITY RELEASE & PHOTO RELEASE

PLEASE READ CAREFULLY BEFORE SIGNING. YOUR LEGAL RIGHTS ARE AFFECTED BY THIS CONSENT AND LIABILITY RELEASE.

A signed release is required of all adults/minors before being granted access to the premises of Whispering Hope Ranch. The release must be completed by a parent/guardian if the participant(s) is/are under the age of 18.

I hereby request Whispering Hope Ranch Foundation (“WHRF”) to grant me and/or my child(ren)/ward access to the premises and facilities of Whispering Hope Ranch (“WHR”), near Payson, Arizona. In consideration of, and as a condition to WHRF granting me this privilege, I as an individual and as a parent, custodian and/or legal guardian of a minor child(ren) or (“child(ren)/ward”), agree that:

1. The privilege of access is granted only to me and/or my child(ren)/ward;
2. I assume all risks of personal injury and/or injury to property inherent in visiting WHR, which is located in a wilderness area and which houses domesticated and undomesticated animals;
3. I release and hold WHRF and WHR harmless and waive any claim against them for any accident or injury to me and/or my child(ren)/ward and/or our property occurring on WHR premises;
4. I agree to pay all medical expenses incurred for myself and/or my child(ren)/ward arising out of any accident or injury occurring on WHR premises;
5. I agree not to file suit or make any claim against WHR and/or WHRF;
6. This release extends to all officers, directors, employees, servants, agents and assigns of WHRF;
7. I agree that this release applies to me, my child(ren)/ward, my family and any others who may want to assert a claim for accident or injury occurring while visiting WHR;
8. I am aware of the inherent risks associated with equine activities, and am willing and able to accept full responsibility for my and/or my child’s(ren’s)/ward’s safety and welfare and release WHRF and/or WHR from liability;
9. I agree that Arizona law applies to this consent and it is to be interpreted in favor of releasing WHR and WHRF from liability.

WHISPERING HOPE RANCH FOUNDATION PHOTO RELEASE

I consent to and authorize the use and reproduction by Whispering Hope Ranch Foundation (“WHRF”) of any and all photographs and any other audio-visual materials taken of me and/or my child(ren)/ward for promotional material, educational activities, exhibitions or for any other use for the benefit of the program. I hereby waive any claim for remuneration for any WHRF of my and/or my child’s(ren’s)/ward’s likeness.

I DO NOT CONSENT TO THE PHOTO RELEASE.

I HAVE CAREFULLY READ THE ABOVE LIABILITY RELEASE AND SIGN IT WITH FULL KNOWLEDGE OF ITS CONTENTS AND SIGNIFICANCE.

Must be completed by a parent/guardian if the participant(s) is/are under the age of 18.

Participant Name(s) - <i>Please print.</i>	Relationship – <i>Please check.</i>
1.	<input type="checkbox"/> Child/Ward <input type="checkbox"/> Self
2.	<input type="checkbox"/> Child/Ward <input type="checkbox"/> Self
3.	<input type="checkbox"/> Child/Ward <input type="checkbox"/> Self
4.	<input type="checkbox"/> Child/Ward <input type="checkbox"/> Self

Signature (Self/Parent/Guardian): _____ Date: _____

Printed Name (Self/Parent/Guardian): _____

APPLICATION PROCEDURES:

Please make sure the following items are sent to:

T.R.A.C., P.O. Box 61172, Phoenix, AZ 85082

to insure that we are able to process your child's application without delay.

PLEASE MAKE SURE ALL INFORMATION IS COMPLETED WITHOUT ANY MISSING BLANKS

- PLEASE ENCLOSE A DEPOSIT OF \$25.00 CHECK OR MONEY ORDER WRITTEN TO HOPE & A FUTURE**
- PLEASE ENCLOSE GRANT APPLICATION FOR ARIZONA FRIENDS OF FOSTER CHILDREN**
- MY CHILD IS CURRENTLY NOT A WARD OF THE STATE OF ARIZONA AND I NEED A SCHOLARSHIP**
- PLEASE ENCLOSE A MOST RECENT PICTURE OF CHILD FOR SECURITY/ID PURPOSES**
- PLEASE SIGN AND ENCLOSE THE TEEN REACH APPLICATION**
- PLEASE SIGN AND ENCLOSE THE WHISPERING HOPE RANCH LIABILITY RELEASE**

REGISTRATION PROCEDURES:

Our goal is to never turn a camper away from camp, but sometimes it is necessary if they come to camp unprepared:

Please INITIAL the important requirements below. They are imperative if your child is to stay at camp:

- CHECK MEDS WITH PHYSICIAN FOR ACCURACY, CORRECT DOSAGE & CORRECT CONTAINER**
- CAMPER MUST HAVE NECESSARY GEAR/CLOTHES FOR CAMP**
- CAMPER MUST BE PHYSICALLY ABLE TO HIKE AT LEAST 2 MILES**

Thank you for your cooperation with the above issues.