



Summer Teen Camp Application

Tools for Peace is an equal opportunity provider. Summer Teen Camp is open to any child 12-16 without regard to race, color, sex, religion or national origin or disability. Acceptance into camp is at the sole discretion of Tools for Peace Staff and shall be confirmed once a complete application is received and upon review of conditions. All information is confidential and used only by Tools for Peace administrative and medical staff.

General Information (to be completed by parent/legal guardian)		
		<input type="checkbox"/> Check here if applicant is a returning camper
Camper Name:	Gender Identity:	Birthdate: / /
Parent/Legal Guardian (1):	Relationship to Camper:	
Parent/Legal Guardian (2):	Relationship to Camper:	
Camper Lives with:	<input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other:	
Primary Language Spoken in Home:	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other:	
Street Address:		
City:	State:	Zipcode:
Home Phone:		
Parent/Guardian Email (1):		
Parent/Guardian Work Phone (1):	Cell Phone (1):	
Parent/Guardian Email (2):		
Parent/Guardian Work Phone (2):	Cell Phone (2):	
Camper Email (Optional):	Camper T-Shirt Size: S M L XL 2XL	
By including a camper's email address on this form you give Tools for Peace permission to contact them regarding camp plans and for periodic electronic and other communication. To opt out of this communication, please leave Camper Email blank.		
Camper Ethnicity (Optional):	<input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> Black/African-American <input type="checkbox"/> White <input type="checkbox"/> Multi-Race <input type="checkbox"/> Native American <input type="checkbox"/> Asian-Pacific American <input type="checkbox"/> Other:	
Camper's School Name:	Camper Grade:	
Street Address:		
City:	State:	Zipcode:

Please return this application and all required information by May 31 to Tools for Peace:
 75 South Grand Avenue, Suite 217 | Pasadena, California 91105 | camp@toolsforpeace.org | f. (626) 564-0701

Behavior, Mental Health & Wellness Information

(to be completed by parent/legal guardian)

Please check all that apply for your camper:

- | | |
|---|--|
| <input type="checkbox"/> Has anxiety about attending camp | <input type="checkbox"/> Bedwetting |
| <input type="checkbox"/> Has anxiety or fear of new situations | <input type="checkbox"/> Waking up at night, sleepwalking, nightmares |
| <input type="checkbox"/> Has never been away from home | <input type="checkbox"/> Serious illness/death of family member in past year |
| <input type="checkbox"/> Parent/Legal Guardian has concerns about camp | <input type="checkbox"/> Behavior concerns |
| <input type="checkbox"/> Special Dietary Needs
(Food Allergies, Religious Practices, etc.) | Please explain checked items: |

- Camper has been diagnosed with a condition that impacts learning (e.g. ADHD, sensory processing disorder, spectrum disorder).

If yes, please explain _____

- Camper has a psychiatric diagnosis such as depression, obsessive-compulsive disorder (OCD), panic-anxiety disorder.

If yes, please explain _____

- Camper has an emotional health concern.

If yes, please explain _____

- During the past academic year, camper saw or is currently seeing a professional to address mental/emotional concerns.

If yes, please explain _____

If you answered “yes” to any of the four statements above, attach a statement from your camper’s professional psychiatrist, clinical social worker, or physician that addresses the following three topics:

1. Describe the concern(s) and the camper’s management plan (including medication) while attending Summer Teen Camp.
2. Describe the behavior(s) that will indicate to Tools for Peace staff that your camper needs professional referral.
3. Provide a recommendation from that professional for the camper’s participation in Summer Teen Camp.

- Camper has had a significant life event that continues to affect their life.

If yes, please use the space below or attach written information about the event (death of a loved one, family change, adoption, new sibling, survived a disaster, trauma), its impact on your camper’s life, and care tips for cabin staff. Please remember that cabin staff are often former junior counselors, recent high school graduates, and college students.

Parent Questionnaire

Please answer the following questions. Please feel free to attach additional sheets if necessary. Your response helps us in creating a fun, safe and nurturing for your teen!

1. What are your camper’s greatest strengths?

2. What are your camper’s opportunities for growth?

3. Does your camper prefer group or solitary activities?

4. What is your camper’s approach to relationships with same-age peers (i.e. is outgoing, shy, etc.)

5. What does your camper do when they are angry, frustrated or disappointed?

6. What does your camper do when they are excited?

7. Does your camper ever get homesick?

8. How will our staff know if your camper isn’t feeling well?

9. What is your camper most excited to do at Summer Teen Camp?

10. What strategies are helpful in supporting your camper through challenging situations?

11. How did you hear about Tools for Peace?

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Conditions & Terms of Enrollment

(to be completed by parent/legal guardian)

1. I understand and agree to all of TFP Camp policies terms, and conditions of enrollment, including the following: Unless applying for a scholarship, a minimum deposit of \$250 must accompany this registration form to guarantee a space for a camper.
_____ (Initial).
2. The balance of all fees is to be paid in full by May 31. _____ (Initial).
3. The camp reserves the right to dismiss disruptive or abusive campers, campers under the influence of drugs and/or alcohol, or campers who show signs of physical or emotional difficulties that the camp does not feel capable of supervising.
 _____ (Initial).
4. There will be no refunds issued for early departure related to disciplinary problems or for campers with medical or family emergencies.
 _____ (Initial).
5. I hereby authorize any physician selected by the camp director and camp nurse to order x-rays, routine tests, hospitalization, secure proper treatment, order injections, anesthesia, and/or surgery, and other medical treatment for my child, in the event that I cannot be reached in an emergency. _____ (Initial).
6. I give the camp permission to print our family's contact information for a listing at the end of the summer to be given to all camp participants. _____ (Initial).
7. I also give my permission for the Tools for Peace organization to contact my child regarding the camping experience before and after the actual camp. _____ (Initial).

Parent/Legal Guardian Signature _____ Date _____

Printed Name _____

Emergency Contacts

(to be completed by parent/legal guardian)

In case of an accident or serious illness, Tools for Peace Summer Teen Camp will contact you immediately. In the event you cannot be reached, please provide two alternative emergency contacts.

Name:	Relationship to Camper:
Home Phone:	Cell Phone:
Work Phone:	Email Address:
Name:	Relationship to Camper:
Home Phone:	Cell Phone:
Work Phone:	Email Address:

Authorized Pick-Up & Drop Off Contacts

(to be completed by parent/legal guardian)

The following individuals are authorized to pick-up or drop off your camper. Any adult not on the list must be cleared by Tools for Peace staff. If an adult not on this list picks up or drops off your camper, please notify Tools for Peace staff in advance.

Name:	Phone:	Relationship to Camper:
Name:	Phone:	Relationship to Camper:

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Camper Contract

(to be completed by camper)

*The following guidelines are designed to insure that Tools for Peace Summer Teen Camp is a happy, safe, and healthy community for everyone. Here are the conditions under which we accept camper participation. Please read them carefully. At the beginning of the program, campers will be asked to reaffirm their commitment to these guidelines. **Violation of any of these policies may subject you to immediate dismissal from camp without a refund.***

Your signature below indicates approval of the following:

1. The use or possession of alcohol, tobacco, marijuana, or any other controlled substances or drugs is not permitted at camp or on camp trips.
2. Sexual harassment or intimidation, whether verbal or physical, is inappropriate and not permitted at camp.
3. While we encourage contact and connection in general and on many levels, we do not encourage sexual contact. While we recognize that there may be attractions, we encourage campers to express themselves and share through creative activities. We encourage campers to keep a modest attitude toward sexual expression.
4. Verbal or physical displays of racial, sexual, or religious discrimination are not permitted at camp.
5. Weapons, fireworks, lighters, matches and any other incendiaries are not permitted at camp.
6. Campers may not leave the camp property except on organized camp trips or with their parent(s) or guardians(s). To leave camp with someone else, campers must have written permission from parent(s)/guardians(s).
7. Camper cabins are private and open to residents of that cabin only. Visitors may visit a cabin other than their own only when a staff member is present and has given permission.
8. Theft at camp, or on camp trips, will not be tolerated.
9. Valuables must be kept in the camp office. TFP Camp will not be responsible for lost or damaged property kept in cabins or other camp building.
10. Respect for private property must be observed while at camp.
11. Attendance at activities, meals and evening activities is mandatory, unless the director and/or nurse grant an exception for a special reason.
12. Everyone must adhere to program area rules.
13. Leaving the cabin after lights out at night is by permission of staff only.
14. ALL MEDICATION (prescription or non-prescription) must be kept in the HEALTH ROOM at all times, with the exception of asthma inhalers or anti-bee sting venom. The camp nurse is responsible for individual exceptions to this rule.
15. Each member of the camp is expected to contribute toward keeping camping facilities properly cleaned and maintained by participating in camp and cabin chores. Graffiti and other forms of vandalism are not tolerated.

⊗ Camper Signature _____ Date _____

Printed Name _____

Parent/Legal Guardian Authorization

(To be completed by adult/parent/legal guardian)

The person herein described has permission to engage in all camp activities except as noted in writing by myself. I hereby give permission to the physician selected by the camp director to order x-rays, routine tests and emergency treatment for the health of my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for and order injections and/or anesthesia and/or surgery for my child as named above. I hereby release the use of photo/video images and work product of the above registered camper for the purpose of camp promotion and display to the general public. I have read the policies written on each page of this registration form, including the "camper contract", and agree to them.

⊗ Parent/Legal Guardian Signature _____ Date _____

Printed Name _____

Cell Phone _____ Work Phone _____

Medications
(to be completed by parent/legal guardian or physician)

Camper Name: _____ Please initial and date if your child **does not** take any medications.
 If your child **does** take medications, please list all medications, including vitamins and dietary supplements below. ✕ _____ Date _____

Medication	Dosage	Times Taken	Routine/As Needed	
			<input type="checkbox"/> Routine	<input type="checkbox"/> As Needed
			<input type="checkbox"/> Routine	<input type="checkbox"/> As Needed
			<input type="checkbox"/> Routine	<input type="checkbox"/> As Needed
			<input type="checkbox"/> Routine	<input type="checkbox"/> As Needed
			<input type="checkbox"/> Routine	<input type="checkbox"/> As Needed
			<input type="checkbox"/> Routine	<input type="checkbox"/> As Needed
			<input type="checkbox"/> Routine	<input type="checkbox"/> As Needed

Note: Medications must be received in original containers with dosage(s) typed by pharmacist. Meds are stored and administered as directed. Personal Modifications cannot be honored. Administration times may be altered due to the nature of the camp environment.

Over-the Counter Medication Approval
 The following medications are available in the Nurse’s Office and will be administered at the discretion of an RN, if approval is indicated by the camper’s health-care provider. Please indicate yes or no in the order column letting us know which of these medications can be given to your camper should they need them at camp.

Note: We are asking you to approve the distribution of desired medications, in case your camper needs them during camp.

Medication Name	Route	Dosage (by age/weight)	Order		Comments
Acetaminophen	Oral	Per Label	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Ibuprofen	Oral	Per Label	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Robitussin Syrup	Oral (elixir)	Per Label	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Benadryl	Oral (elixir or pills)	Per Label	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Mylanta	Oral (chewable)	Per Label	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Pseudo-ephedrine	Oral (liquid-tabs)	Per Label	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Bacitracin	Topical Ointment	Per Label	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Calagel	Topical Ointment	Per Label	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Cough Drop	Oral Lozenge	Per Label	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Please indicate any medications taken during the school year that your camper will not or may not take during camp:

✕ Parent/Legal Guardian Signature _____ Date _____

Camper Health History (to be completed by parent/legal guardian)		
<i>Please list all allergies and describe the reactions and management of reaction(s):</i>		
Medication Allergies:		
Food Allergies:		
Other Allergies:		
Reaction(s):		
Management of Reaction(s):		
Has your camper ever had: <input type="checkbox"/> Varicella (Chicken Pox) <input type="checkbox"/> Zoster (Shingles) <input type="checkbox"/> German Measles <input type="checkbox"/> Mumps <input type="checkbox"/> Hepatitis A / B / C <i>Please photocopy proof of camper's immunizations and submit it with this application.</i>		
Does your camper have a history of the following? (Check all that apply) <input type="checkbox"/> Sinus Infections <input type="checkbox"/> Asthma <input type="checkbox"/> Headaches <input type="checkbox"/> Eczema/Rash <input type="checkbox"/> Ear Infections <input type="checkbox"/> Oral Herpes <input type="checkbox"/> Chronic Diarrhea <input type="checkbox"/> Chronic Constipation <input type="checkbox"/> Fainting Spells <input type="checkbox"/> Seizures		
Is your camper covered by family medical/hospital insurance?		Carrier/ Plan:
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Insured:		Group or Medical Record #:
Carrier Street Address:		
City:	State:	Zipcode:
Social Security # or Insurance ID #: <i>Please photocopy the insurance card and submit it with this application.</i>		
Parent/Legal Guardian Authorization: This health history is correct and complete to the best of my knowledge. The person herein described has permission to engage in all camp activities except as indicated. I hereby give permission to the camp to provide routine health care, administer prescribed medications, and seek medical treatment including ordering x-rays or routine tests. I agree to the release of any records for insurance purposes. I give permission to the camp to arrange necessary related transportation for me/my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named. This completed medical form may be photocopied for trips out of camp or if deemed necessary.		
<input checked="" type="checkbox"/> Parent/Legal Guardian Signature _____		Date _____
I also understand and agree to abide by any necessary restrictions placed on my participation in camp activities.		
<input checked="" type="checkbox"/> Camper Signature _____		Date _____

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Permission for Camp Activities

(to be completed by parent/legal guardian)

The elevation of the host campsite for Summer Teen Camp is 6,000 feet. Typical camp activities include yoga, hiking, sports, swimming, mindfulness and meditation, and arts and crafts.

Is your camper restricted from any camp activities? Yes No

Does your camper have any elevation restrictions? Yes No

If yes, please list restrictions:

⊗ Parent/Legal Guardian Signature _____ Date _____

Physician Verification

(if needed)

The elevation of the host campsite for Summer Teen Camp is 6,000 feet. Typical camp activities include yoga, hiking, sports, swimming, mindfulness and meditation, and arts and crafts.

Is your patient restricted from any camp activities? Yes No

If yes, please list restrictions:

I have been informed of the camp activities and have examined the camper, my patient, who is physically able to engage in all activities except as noted above. I hereby verify that all information provided on this form is true and correct.

⊗ Physician Signature _____ Date _____

Printed Name _____

Physician Phone Number:

Hospital Affiliation:

Street Address:

City: _____ State: _____ Zipcode: _____

Office Phone: _____ On Call/Off Hours: _____

Photo/ Video & Media / Press / Art Release

Participation in Tools for Peace Summer Teen Camp implies consent for the participant to be photographed, videotaped, and otherwise depicted for general use. General use means that these mediums may be distributed only to participants and volunteers who have signed Tools for Peace's Confidentiality Agreement; dispersal of these mediums to the public (e.g., website, social media, etc.) is strictly prohibited unless released by Tools for Peace under the consent of the releases below. Please read the releases carefully and sign the ones with which you are comfortable participating and sign and date at the bottom.

Camp Group Photo: My camper **may** appear in the **camp group photo**. These photos are only shared with campers, staff, potential donors and is used for fundraising purposes. **(this is not a media release).** _____ (Sign here for Camp Group Photo)

Photo/Video Release for the Media/Press: _____ (Sign here for Media/Press)

My camper may be filmed and/or photographed while participating in Summer Teen Camp by the press/media (e.g. newspapers, television news crews, web, etc.), for Tools for Peace's website, newsletters, or other internet purposes. I understand that there may be members of the press/ media present to document the program experience for possible broadcast or release. General field shots are often taken of campers interacting, walking, etc., where my camper's face may appear alone or in a group.

Interview Release: My camper may be interviewed by members of the press/media. _____ (Sign here for Interview)

First Name Release: My camper's **first** name may be used/mentioned in the press/media. _____ (Sign here for First Name)

Full Name Release: My camper's **full** (first & last) name may be used/mentioned in the press/media. _____ (Sign here for Full Name)

Art Release: My camper may create art projects (including drawings, paintings, poems, or other artistic mediums) while participating in Summer Teen Camp. For good and valuable consideration which is hereby acknowledged, I irrevocably grant Tools for Peace, a not-for-profit organization and assign the following unconditional and perpetual worldwide, royalty free, paid-up, irrevocable and unencumbered rights to sell and/or exhibit (and authorize others to use, distribute and exhibit) all or part of the art project(s) in any and all forms of media now known or hereafter discovered, in perpetuity, throughout the world, without further compensation, review or approval, without limitation, in connection with Tools for Peace. Any changes in the permissions granted must be made in writing. I agree that any exploitation of the art project(s) or any rights therein will not necessarily entitle me to receive any additional payment or other consideration. I hereby waive unconditionally and irrevocably any so-called "moral rights."

I have carefully read this release. I fully understand its contents and how images/video recordings/press/art may be used or not used during and/or after Tools for Peace Summer Teen Camp. I understand that Tools for Peace prohibits participants from posting photographs or other personally identifiable information of me without the authorization or permission of Tools for Peace onto the internet via social networks (i.e., Facebook, Instagram etc.). I also understand that there are other participants in the program who are not under the control of Tools for Peace and may do so illicitly. I hereby release, discharge and agree to save harmless Tools for Peace, its legal representatives or assigns, and all persons acting under Tools for Peace's permission or authority, from any liability due to any other participants' failure to adhere to the policies addressed herein _____ (Initial).

Further, I agree not to post any photographs or personally identifiable information without the subject's advance written permission or permission from Tools for Peace _____ (Initial). Furthermore, I understand that it is my sole responsibility to communicate and explain Tools for Peace's Privacy Practices to my child before attending camp _____ (Initial). This release is good for all images/video recordings/press/art taken during Tools for Peace Summer Teen Camp and shall remain in effect indefinitely. I understand that if I should wish to change images/video recordings/press/art release for future programs I must submit written notification. The undersigned understands and agrees that the photographs, recordings, art, film and/or videotapes and reproductions, and all rights therein shall be the sole and absolute property of Tools for Peace.

Parent/Legal Guardian Signature _____ Date _____

Camper Signature _____ Date _____

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Camp Scholarship Application

Tools for Peace offers need-based scholarships to as many campers as possible each year. In order to help us allot scholarship funding for Summer Teen Camp (based on the pool with the highest need), campers must write an essay of approximately 250 words using the prompt below.

Camper Name(s) (include siblings if enrolling multiple campers):

Parent/Legal Guardian Name:

Number of People in Household:

Type of Scholarship: Partial Scholarship of \$ Full Scholarship

Have you received a scholarship from Tools for Peace in the past? Yes No

What is your annual household income? Under \$30,000 \$30,001-\$40,000 \$40,001-\$50,000
Please check one. \$50,001-\$60,000 \$60,001-\$70,000 \$70,001-\$80,000
 \$80,001-\$90,000 \$90,001 and Over

Does your family receive public assistance? TANF WIC Medicaid EBT/Food Stamps
*Please check **all** that apply.* General Assistance Section 8 Housing Free or Reduced Lunch
 Supplemental Security Income California Summer Food Service

Amount your family can contribute towards your camper’s week at Summer Teen Camp: \$

Please explain any relevant conditions to be considered (i.e., unemployment, medical expenses, etc):

Please have your camper tell us why they believe Tools for Peace should award them a scholarship to attend our Summer Teen Camp. Attach the camper’s essay to this application using a separate sheet. Please include the following in the short essay:

- How your past experience with mindfulness & meditation has affected your life OR why you want to begin mindfulness/meditation.
- How you would use what you learn at camp to benefit your own life, your family, and your community
- Anything else you think is relevant/helpful for us to know as we select scholarship recipients!