



2010 CAMPER INFORMATION FORM TEEN PROGRAMS

In order to help us ensure that your child has a fun, healthy and successful summer and to be sure that a Tamarack Teen Program is suitable for your child, we would appreciate your assistance in completing this form. This information will help us to better prepare for your child's trip experience.

Camper's Name _____

- Agree Kennedy
 Western Alaska

Why do YOU want your child to participate in a Teen Travel Trip? Rank in order of importance (from 1 = most important to 7= least important).

- ___ To gain more independence.
- ___ His/her friends are going and I want my child to be with them for the summer.
- ___ I want my child to have the opportunity to challenge him/herself by going on day hikes, backcountry trips and learning to work as part of a team.
- ___ Have a fun summer.
- ___ Meet new friends.
- ___ I heard the Tamarack Camps Teen Programs were a great "growing" experience for teens.
- ___ Needs to "get away" from home, school friends for the summer and this would be a great opportunity.

What are some goals you would like for your child to personally achieve while at camp?

Do you or your child have any fears/anxieties pertaining to the summer that may affect his/her camp experience?

Give a brief explanation of any medical issues, including allergies and physical limitations, that may limit your child's participation in any of our rigorous activities such as daily hikes, backcountry camping, rafting, etc.

Please give a brief explanation of any psychological or behavioral issues your child may have.

Are there any custodial issues in your family? Please explain.

Please add any additional comments you wish to bring to our attention that would help us understand your child better and provide a more successful summer experience for him/her.

PARENT/GUARDIAN NAME

PARENT/GUARDIAN SIGNATURE

DATE

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