



## 2021 T.H.R.I.V.E SUMMER CAMP

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**TRUST, HELP, RESILIENCE, INSPIRE, VERSALITY, EMPOWER**

*Program Highlights: Group Discussions; Self-Esteem Building Activities; Leadership Activities; Speakers; Volunteer Opportunities; Group Field Trips.*

### CONTACT INFORMATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Shirt Size \_\_\_\_\_

**Due to the physical/active nature of this camp it would be helpful for us to know of any special needs, allergies or physical limitations you have:**

\_\_\_\_\_  
\_\_\_\_\_

### PARENT CONTACT

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_

### EMERGENCY CONTACT

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_

## TELL US ABOUT YOURSELF

How did you find out about this camp?

On a scale of 1-5, how do you feel about going on this journey? (Circle one)

(5 can't wait, 3 unsure, 1 don't want to go)      1      2      3      4      5

What do you hope to gain/learn from this camp?

Do you have any concerns/fears of coming to this camp (Circle one)?      Yes      No

If you answered yes, please tell us what your concerns/fears are:

In a few words, please describe yourself:

Do you consider yourself a leader or a follower? Why?

Are you involved in any extra activities? (sports, band, student council, clubs, etc.) Circle one.      Yes      No

If yes, what activities/sports?

What is your favorite sports team?

What are your hobbies?

If you could be one thing in life, no matter how impossible it seems, what would you want to be? (president, doctor, electrician, teacher, etc.)

Who are your role models (those you look up to)?

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### TEEN PARTICIPANT

By completing this application and signing below, I am committing to my involvement with T.H.R.I.V.E Summer Camp and to uphold the camp's values of respect, trust, creativity, compassion, courage, commitment to growth, and faith.

Signature \_\_\_\_\_

(Student)

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### PARENT/GUARDIAN

As legal guardian, I consent to my child's involvement to T.H.R.I.V.E Summer Camp. I agree to hold my child accountable and responsible for the commitment he/she has made. I also hereby give permission for my child to ride in any vehicle driven by an approved adult staff or volunteer while attending and participating in activities related to T.H.R.I.V.E. I also give permission for emergency medical services as well as for photos to be taken of my child during camp and used for promotional purposes.

Name \_\_\_\_\_

(Parent/Guardian)

Signature \_\_\_\_\_

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Please review form and ensure all questions are filled out completely and that you signed and dated the form. Any questions regarding the camp or form can be directed to Marisol Santos at 717-393-1523 or [office@arborplace.org](mailto:office@arborplace.org)

