

2009 Kansas City Teen Focus Camp Application for Admission

(PLEASE SAVE THIS FILE TO YOUR COMPUTER, COMPLETE IT AND SEND IT TO THE CAMP OFFICE)

Today's Date ____/____/____

CAMPER INFORMATION

| | | | |
|--------------------|-------|--------|------|
| Camper's Last Name | First | Middle | Race |
|--------------------|-------|--------|------|

| | | | | | |
|--|----------------------------------|------------|-------------------|-----|--|
| Is this your legal name? <input type="checkbox"/> Yes <input type="checkbox"/> No | If not, what is your legal name? | Birthplace | Birth Date / / | Age | Sex <input type="checkbox"/> M <input type="checkbox"/> F |
|--|----------------------------------|------------|-------------------|-----|--|

| | | | | | |
|----------------|------|-------|----------|-----------------|-----------------------|
| Street Address | City | State | ZIP Code | Social Security | Home Phone No. () |
|----------------|------|-------|----------|-----------------|-----------------------|

Who referred you to us _____

Address and Telephone _____

T-Shirt Size: _____

FATHER'S INFORMATION

| | | | | |
|--------------------|-------|--------|--|---|
| Father's Last Name | First | Middle | <input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. | Marital Status (Circle One) Single / Mar / Div / Sep / Wid |
|--------------------|-------|--------|--|---|

| | | | | | |
|--|----------------------------------|------------|-------------------|-----|--|
| Is this your legal name? <input type="checkbox"/> Yes <input type="checkbox"/> No | If not, what is your legal name? | Birthplace | Birth Date / / | Age | Sex <input type="checkbox"/> M <input type="checkbox"/> F |
|--|----------------------------------|------------|-------------------|-----|--|

| | | | |
|----------------|------|-------|----------|
| Street Address | City | State | ZIP Code |
|----------------|------|-------|----------|

| | | |
|---------------|--------------------|---------------------------|
| Email Address | Home Number () | Cellular Phone No. () |
|---------------|--------------------|---------------------------|

| | | | |
|------------|----------|------------------|---------------------------|
| Occupation | Employer | Employer Address | Employer Phone No. () |
|------------|----------|------------------|---------------------------|

MOTHER'S INFORMATION

| | | | | |
|--------------------|-------|--------|--|---|
| Mother's Last Name | First | Middle | <input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. | Marital Status (Circle One) Single / Mar / Div / Sep / Wid |
|--------------------|-------|--------|--|---|

| | | | | | |
|--|----------------------------------|------------|-------------------|-----|--|
| Is this your legal name? <input type="checkbox"/> Yes <input type="checkbox"/> No | If not, what is your legal name? | Birthplace | Birth Date / / | Age | Sex <input type="checkbox"/> M <input type="checkbox"/> F |
|--|----------------------------------|------------|-------------------|-----|--|

| | | | |
|----------------|------|-------|----------|
| Street Address | City | State | ZIP Code |
|----------------|------|-------|----------|

| | | |
|---------------|--------------------|---------------------------|
| Email Address | Home Number () | Cellular Phone No. () |
|---------------|--------------------|---------------------------|

| | | | |
|------------|----------|------------------|---------------------------|
| Occupation | Employer | Employer Address | Employer Phone No. () |
|------------|----------|------------------|---------------------------|

STEP PARENT'S INFORMATION (IF APPLICABLE)

| | | | | |
|-------------------------|-------|--------|--|---|
| Step Parent's Last Name | First | Middle | <input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. | Marital Status (Circle One) Single / Mar / Div / Sep / Wid |
|-------------------------|-------|--------|--|---|

| | | | | | |
|--|----------------------------------|------------|-------------------|-----|--|
| Is this your legal name? <input type="checkbox"/> Yes <input type="checkbox"/> No | If not, what is your legal name? | Birthplace | Birth Date / / | Age | Sex <input type="checkbox"/> M <input type="checkbox"/> F |
|--|----------------------------------|------------|-------------------|-----|--|

| | | | |
|----------------|------|-------|----------|
| Street Address | City | State | ZIP Code |
|----------------|------|-------|----------|

| | | |
|---------------|--------------------|---------------------------|
| Email Address | Home Number () | Cellular Phone No. () |
|---------------|--------------------|---------------------------|

| | | | |
|------------|----------|------------------|---------------------------|
| Occupation | Employer | Employer Address | Employer Phone No. () |
|------------|----------|------------------|---------------------------|

PARTICIPANT'S MEDICAL HISTORY

| | | |
|-----------|------------|--------|
| Last Name | First Name | D.O.B. |
|-----------|------------|--------|

1. Please list any current or previous health problems affecting the participant:

2. Has the participant ever been hospitalized? (If yes, state the dates and reasons)

| | | | |
|-------------------------|------|-------|----------|
| Hospital Street Address | City | State | ZIP Code |
|-------------------------|------|-------|----------|

| | |
|------------------------|---------------|
| Phone Number () | Hospital Name |
|------------------------|---------------|

3. Has the participant ever had surgery? (If yes, state the dates and reasons)

| | | | |
|-------------------------|------|-------|----------|
| Hospital Street Address | City | State | ZIP Code |
|-------------------------|------|-------|----------|

| | |
|------------------------|---------------|
| Phone Number () | Hospital Name |
|------------------------|---------------|

4. Accidents or Injuries?

5. Has the participant ever broken a bone? Yes ___ No ___ If yes, please state which one(s)

6. Has the participant experienced any of the following? If so, at what age?

| | |
|--------------------|-------------------|
| _____ Bed Wetting | _____ Nail Biting |
| _____ Nightmares | _____ Stuttering |
| _____ Head banging | _____ Other _____ |

7. Please list any fears the participant has had (darkness, thunder, death) and at what age:

8. Is the participant on any medications? (Please list all medications, dosages and reason's for prescription):

Dates medication was started: _____

9. Please list all past medications that the participant is no longer taking, especially any medicines for and depression, anxiety, learning or attention, mental or emotional disorders:

10. Has the participant had any of the following diseases, illnesses, medical problems or disorders? If so, please provide appropriate dates:

- | | |
|---|---|
| <input type="checkbox"/> Anemia (low red cell count) | <input type="checkbox"/> Mumps |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Muscle weakness |
| <input type="checkbox"/> Bladder or Kidney infection | <input type="checkbox"/> Pneumonia, Bronchitis |
| <input type="checkbox"/> Bone condition | <input type="checkbox"/> Polio |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Excessive Constipation or Diarrhea |
| <input type="checkbox"/> Convulsions or Seizures | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> Dermatitis or Eczema | <input type="checkbox"/> Scarlet Fever |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Scoliosis |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Thyroid, Endocrine Disorder |
| <input type="checkbox"/> Frequent colds, sore throat | <input type="checkbox"/> Ulcers |
| <input type="checkbox"/> German Measles (3-day) | <input type="checkbox"/> VD (herpes/gonorrhea/syphilis) |
| <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Whooping Cough (croup) |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Measles (German) |
| <input type="checkbox"/> Mononucleosis | <input type="checkbox"/> Measles (Red) |
| <input type="checkbox"/> Other, please specify: _____ | |

11. Date of Last Tetanus Booster (boosters required every 10 years): _____

12. Allergies to Medications: _____

13. Food and Environmental Allergies: _____

If your participant must attend camp with medication, prescription or any over-the-counter medication, (including vitamins) please send those meds in the original container with legible prescription information label, sealed in a zip-lock waterproof bag. Any over-the-counter medication must be in original container, marked with the participant's NAME and sealed in a zip-lock, waterproof bag. Please include any specific instructions you may wish to have followed regarding your participant's medication dispensation.

RELEASE FORM

In consideration for being accepted by Focus Seminars of Kansas City, Inc. for participation in all related activities, trips and meetings. I (we), being 18 years or older, do for myself (ourselves) (and for and on behalf of my (our) child-participant if said child is less than 18 years of age) do hereby release, forever discharge and agree to hold harmless Focus Seminars of Kansas City, Inc. and its directors, staff, employees, agents, and volunteers (collectively referred hereinafter as "FOCUS SEMINARS OF KANSAS CITY, INC.") from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expense, of any nature whatsoever which may be incurred by the undersigned and the child-participant while involved in any FOCUS SEMINARS OF KANSAS CITY, INC. related activities, trips and meetings, including, without limitation, any such liability, claim or demand arising out of the negligence of FOCUS SEMINARS OF KANSAS CITY, INC..

Furthermore, I (we) and on behalf of any (our) child-participant hereby assume all risk of personal injury, sickness, death, and expense as a result of participation in all FOCUS SEMINARS OF KANSAS CITY, INC. related activities, trips and meetings.

Authorization and permission is given to said FOCUS SEMINARS OF KANSAS CITY, INC. to furnish any necessary transportation, food, lodging and dispensing of any prescription medication (in original container) or over-the-counter pain and/or cold medication for this participant by our staff Registered Nurse.

The undersigned further hereby agrees to hold harmless and indemnify said FOCUS SEMINARS OF KANSAS CITY, INC. for any liability sustained by FOCUS SEMINARS OF KANSAS CITY, INC. as the result of the negligent, willful or intentional acts of said participant, including reasonable attorney's fees and investigation costs and all other reasonable costs, expenses and liabilities.

If the participant-child has not attained the age of 18, I (we) are the parent(s) or legal guardian(s) of this participant, and hereby grant my (our) permission for him/her to participate fully in any activity, trip, or meeting, and hereby give my (our) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including without limitation, emergency surgery or medical treatment as recommended in the best judgment of the appropriate medical staff, and I (we) assume the responsibility of all medical bills incurred therefore.

Further, should it be necessary in the judgment of FOCUS SEMINARS OF KANSAS CITY, INC. for the participant to return home due to medical reasons, disciplinary action or otherwise, I (we) hereby assume responsibility for all transportation costs.

INSURANCE INFORMATION (fill out the appropriate areas)

| | | |
|----------------------------|-----------------------------|-------|
| Print Applicants Name: | Signature (If 18 or older): | Date: |
| Print Fathers Name: | Signature: | Date: |
| Print Mothers Name: | Signature: | Date: |
| Print Legal Guardian Name: | Signature: | Date: |

Insurance Company:

Policy Number:

Group Number:

PCP & Phone Number:

Emergency Phone Numbers:

I have read the foregoing and understand the rules of conduct for participants and will abide by them as well as the directions of the leadership of any activity, trip, or meeting.

This form represents all known medical history of: _____
(Applicant's Full Name)

(Parent/Guardian Signature) (Date)

Applicant's Signature (Date)

TEEN INTAKE QUESTIONNAIRE (TO BE FILLED OUT BY THE TEEN NOT THE PARENT)

1. What do you like to do in your spare time? (Hobbies, interests, job, etc.)

2. List ten (10) things you like about yourself:

| | |
|----|-----|
| 1. | 2. |
| 3. | 4. |
| 5. | 6. |
| 7. | 8. |
| 9. | 10. |

3. List ten (10) things you don't like about yourself or things you would change if you could:

| | |
|----|-----|
| 1. | 2. |
| 3. | 4. |
| 5. | 6. |
| 7. | 8. |
| 9. | 10. |

4. Do you have any allergies, physical injuries, impairments, etc. that we should be aware of?

5. What are the names of some of your favorite music artists or groups?

6. Why did you come to Teen Focus?

7. What do you hope to gain by being here?

8. My greatest fear is ...

9. When I "grow up" I'd like to be ...

RELEASE FORM

My child, _____, desires to participate in the Teen Focus Camp offered by Focus Seminars of Kansas City, Inc., which I understand are educational processes designed to assist him/her in gaining a clearer perspective on life and responses to life's demands. Through the seminar he/she will have the opportunity to observe, learn about and redirect a variety of life patterns, which may be limiting their ability to know themselves and be more effective. The seminar may assist him/her in gaining greater clarity, discovering more love and joy within themselves and creating the freedom to experience health and happiness.

I have read and understand the Teen Focus Camp information. I have not enrolled my teenager in Teen Focus Camp as a means of managing physical, alcohol, drug or emotionally related problems. I understand Teen Focus Camp is not intended for or designed as a substitute for traditional counseling. I agree that Build to Last Foundation is responsible for an orderly presentation of camp material. My teenager understands that he/she is to inform the trainer if at any time he/she experiences any physical or mental discomfort which they consider to be out of the ordinary. I, being his/her parent/guardian, do fully and forever discharge, release, and hold harmless Focus Seminars of Kansas City, Inc., its agents, employees and servants from any and all liability for any and all damages, risks, and/or actual physical injury and/or emotional distress arising out of or occurring during his/her participation in the Teen Focus Camp.

TEEN FOCUS does not have staff or facilities to properly care for children who, in our judgment, have medical, social, behavioral, or psychological disorders. Accordingly, we reserve the right to refuse enrollment to, or to send home, any applicant or camper (1) whose condition is, in our judgment, beyond our capability to provide proper care, or (2) who, in our judgment, poses an unreasonable threat to the health or safety of other campers or camp staff. No refund will be made for absences, dismissals, or withdrawals before the term closes. In cases of withdrawal during camp on camp doctor's orders, remaining tuition may be refunded.

Photographs and video footage taken of my child as a result of participation in activities of Teen Focus Camps may be used in Teen Focus Camps promotional materials.

I realize that the activities and terrain may present risks that neither I or my child(ren) may be familiar with, and that I assume these risks on behalf of myself and/or my child(ren), and that I agree to save and hold harmless Focus Seminars of Kansas City, Inc. from any and all claims, liabilities, suits, actions, damages, or losses, including without limitation all costs and attorney's fees, and from and against its activities, any condition of its property or act, omission or negligence of Teen Focus Camps.

The person herein described has my full permission to participate in all camp activities and is in good health. I hereby give my permission to the physician selected by the Health Services Director and/or Camp Director to order X-rays, routine tests, and treatment for the health of my camper/child. In the event I cannot be reached in an emergency, I hereby give my permission to the physician selected by the Health Services Director and/or Camp Director to hospitalize, secure proper treatment, and to order injections and/or anesthesia and/or surgery for the camper as named above. We further authorize the camp medical staff and/or healthcare providers to discuss any medical conditions with, or to provide medical records to the camp's director, his/her designee, the child's counselor, or any other healthcare provider when the medical staff or healthcare provider, in its sole discretions, believes such communication to be in the best interest of the child. I also give permission for the Camp R.N., to administer over-the-counter medications to my camper/child as needed.

(Parent/Guardian Signature)

(Date)

2009 DEPOSITS POLICY (DEPOSIT = \$200) Cancellations (written or e-mailed notification) before May 1, 2009: Deposits will be automatically transferred to a sibling, if no sibling is enrolled, you will receive a full refund of the deposit and any additional payments within 3 weeks of receipt of your cancellation. Cancellations (written or e-mailed notification) after May 1, 2009: \$50 of your deposit will be forfeited. The remaining \$100 will be automatically transferred to a sibling's account. If no sibling is enrolled, you will receive a \$100 refund of the deposit and any additional payments within 3 weeks of receipt of your cancellation. Cancellations (written or e-mailed notification) after June 1, 2009: Your entire deposit will be forfeited. These deposits will be put into our scholarship fund. If you decide to cancel after June 1st, please notify our office as soon as possible in order to provide another child with the Teen Focus Camp experience. Any additional payments will be refunded within 3 weeks of receipt of your cancellation.

Please mail this form and you deposit to:

Teen Focus Camps
c/o Focus Seminars of Kansas City, Inc.
5354 Longview Road
Kansas City, MO 64137