



The Launch Pad Teen Center Summer Camps 2021!

Non-Discriminatory Policy:

TLP Summer Camps do not discriminate on the basis of race, religion, national and/or ethnic origin, marital status, sexual orientation, body type, physical ability, gender expression, or other individual identities in the admin of any of its programs, admissions policies, scholarships, and other conference-related policies and programs, as well as volunteer policies and activities. The conference is open to and welcomes anyone 12-18 years old.

Scholarship Policy:

The Launch Pad Teen Center will fundraise in order to provide scholarships for any participant who needs one. We are able to do this through generous donations of our community and through many rigorous fundraising efforts.

Unlike many organizations, The Launch Pad does not require you to provide proof of financial need in order to qualify for a scholarship. We trust that our participants will accurately reflect their financial situation in their requested scholarship, taking into account that The Launch Pad will have to fundraise the difference. However, The Launch Pad encourages participants to give what they can afford, even if it is a very small contribution. Giving even a small contribution increases participant's ownership and investment in the conference.

Donations:

The actual costs of TLP Summer Camps are typically more than what we charge our participants. With the economic situation in the U.S. we have had more and more teens requesting scholarships. If you are able to give more than the requested tuition for your child to attend camp this year, we will use the additional money that you send to help provide a scholarship for a teen less fortunate that would like to attend camp. All contributions above the Summer Camp tuition are greatly appreciated and tax-deductible.

The Launch Pad Summer Camp Registration Form

REGISTRATION DEADLINES:

Please have your registration form completed and turned in NO LATER THAN ONE WEEK BEFORE CAMP. If it is not possible for you to complete your registration by this date, please email james@thelaunchpadteencenter.org to see if there are more spots available.

First and Last Name(s): _____

Phone Number(s): _____

Email(s): _____

Address: _____

City, State, Zip: _____

In the event of an Emergency

In the event of an emergency, *Summer Camp staff will FIRST contact the parent(s) or legal guardian(s) listed above.* If unavailable, staff will then call the emergency contact.

Emergency Contact

First and Last Name: _____

Phone Number: _____

Health Insurance

Is the participant covered under a health insurance policy? NO ____ YES ____

If yes, please provide us with the name of insurance company and policy number: Insurance Company: _____

Policy Number: _____

Medical Information

1) Do you have any limiting physical conditions (temporary or permanent) or injuries that may impact your experience at during Summer Camp? Yes ____ No ____

If yes, please explain the condition(s), activity it could impact, and any limitations or special accommodations needed: _____

2) Do you have any chronic conditions or illnesses? (Asthma, epilepsy, diabetes)

3) **Are you currently taking any medication** (prescribed or otherwise, e.g. cold medicine)? Yes_____ No_____

If yes, please complete the table below for all meds the participant is currently taking. For the safety of everyone at the camp, medications will be collected by the staff and will be administered exactly as described below.

| Medication: | Frequency (once a day, as needed, etc): | Time of day administered: | Exact Dosage: | Condition this treats: |
|-------------|---|---------------------------|---------------|------------------------|
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4) **Do you have any allergies or reactions to medications, foods, or other?**

___ No ___ Yes. If yes, please identify and explain reaction: _____

5) **Are you allergic to bee stings?** Yes _____ No _____ Never been stung _____
If yes, do you carry an epipen? _____

6) **Mental Health**

Disclosing mental health information can be sensitive and therefore is optional, but if you feel that your weekend could be impacted, we encourage you to disclose. The Launch Pad staff are trained professionals and any information disclosed will remain confidential.

Depending on the severity disclosed a staff member might contact you directly in order to ensure we provide proper support and facilitate the best possible care.

Do you have any diagnosable mental health conditions (i.e. anxiety disorders, depression, eating disorders, self-harm, etc.) that may impact your time at Summer Camp?
Yes _____ No _____

If yes, please explain in detail (attach separate sheet, if needed). Please explain any routine, healthy coping strategy, etc. that the staff could help facilitate in order to make your experience a success.

7) Dietary Needs

The Launch Pad staff does its best to accommodate dietary restrictions, however, *we will NOT be able to accommodate vegan diets* due to our limited budget. We will contact you and work with you on a one-on-one basis to coordinate food if need be. If you have any questions please email James: james@thelaunchpadteencenter.org

**** IF YOU DO NOT MARK THAT YOU ARE A VEGETARIAN YOU WILL NOT BE PROVIDED WITH A VEGETARIAN MEAL OPTION.****

Are you vegetarian? No _____ Yes _____

Do you have any food allergies or special dietary restrictions? No _____ Yes _____

If yes, please explain diet/allergies in detail:

The Launch Pad Summer Camp Cancelation and Refund Policy

*** Anytime prior to the week before the conference:** Participants will receive a partial refund (a \$30 processing fee will be applied) or a full tax credit donation.

Week prior up to 48 hours: 50% refund or a 75% Donation Credit.

Within 48 hours of the start of the conference: No refunds.

In the case of medical or family emergencies, we will review on a case-by-case basis.

*If a decision is made prior to one week before camp.

The information documented on this form is complete and accurate to the best of my knowledge. Furthermore, I agree to bring any and all medical issues, injuries, illness or concerns to the attention of the staff before participating in any activity, trip, or experience.

Name of Parent or Legal Guardian: _____

Signature: _____

Date: _____

PERMISSION TO ADMINISTER FIRST AID AND EMERGENCY MEDICAL TREATMENT:

As with any activity, I am aware that certain risks of injury may exist. Should an injury occur, I grant permission for program staff to administer basic first aid and/or seek necessary emergency treatment by licensed or certified medical personnel at the nearest medical facility for the above-listed participant.

Participant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Photo Release Form

Over the course of your Summer Camp experience, photographs documenting the week will be taken. I hereby permit The Launch Pad Summer Camps the right to photograph my likeness and use those images in future presentations and publications including but not limited to admissions, marketing, and Summer Camp materials. Photos may be used in print media.

Participant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Please complete this form online, mail, or drop off this signed and completed registration form and payment to The Launch Pad Teen Center 424 6th St. Prescott, AZ 86301.

- We will notify you when we receive your registration form.
- Please watch your email for updates on camp.
- If you have any questions please call James at The Launch Pad Teen Center at 928-227-0758 or email james@thelaunchpadteencenter.org.