Dear Summer Camp Applicant,

We are so excited in your interest in joining us on Gladney's inaugural GTO Summer Camp! This summer we are headed to Granbury, Texas for an unforgettable week at Camp El Tesoro. Through games and activities, we will role model good behavior, sportsmanship, and show our teens what it means to be a good friend and team member. It's a great time to get to know other adoptees, siblings of adoptees, and other volunteers.

To be considered as a candidate for GTO Summer Camp, please mail the following documents to:

Gladney Teen Outreach Gladney Center for Adoption 6300 John Ryan Drive Fort Worth, Texas 76132

Application Checklist:

- Completed application (Pages 2 and 3)
- _____ Signed agreement (Page 4)
- 2 recommendation letters (can be from a teacher, friend, coach, boss, relative, youth group leader, etc.)
 Non-refundable deposit of \$500.00. Checks can be made out to Gladney Center for Adoption. To pay by credit card call Jacob Strittmatter at 817-922-6074.

Early Bird Discount

Participants who have their applications and deposits accepted by March 1, 2017, will receive a \$100 discount, for a total camper investment of \$1090. After March 1st, total camper investment is \$1190.

Important Dates

Deadline for application & deposit – April 1, 2017 Final payment due – April 1, 2017, (Payment plans are available) Summer Camp Dates - July 23-28, 2017

We hope that you will join us and make some new friends. We look forward to seeing you this summer!

Sincerely,

Alicia Taylor GTO Project Consultant <u>alicia@beyourownspot.com</u>



2017 GTO Summer Camp Application

Date of Birth:	T-shirt Size (S-XXL):
d by June 1, 2017: Occupatio	on or School:
	one Number:
	Cell Phone Number:
	nrrent or previous Gladney client? If yes, please
oin us at summer camp this year?	
pended or expelled from school? If yes	s, please explain.
er of 3 References:	
	Phone Number:
Relationship to participant:	Phone Number:
	Phone Number:
	Cell Ph rorite bands/artists/songs: please provide us with your Parent/Gua one Number: Parent's Parent's Parent's Gladney Teen Outreach? Are you a cu oin us at summer camp this year? pended or expelled from school? If yes pended or expelled from school? If yes r of 3 References: Relationship to participant: Relationship to participant:



Medical Information
General Health: Above Average Average Below Average
Health Insurance Company:
Primary Care Physician:
Physicians Phone Number:
List any dietary restrictions:
List any physical limitations/disabilities/restriction:
List any allergies (food, medicine, etc.):
List any medications you are currently taking:
A Registered Nurse will be on site 24/7 to administer all medications. (All meds must be checked into the camp nurse upon arrival).
If you are filling this out on behalf of your child please answer the questions below. Is your child currently seeing a counselor? If yes, please explain.
Has your child previously seen a counselor? If yes, please explain.
How does your child interact with adults and other teens?
Does your child have a known eating disorder? If so, please share:
Participants Signature and Date Guardian Signature (if under 18)
More information and digital application available at gladneycommunity.com/GTO/SummerCamp2017

6300 John Ryan Drive | Fort Worth, TX 76132 | 817.922.6000

GLADNEY CENTER FOR ADOPTION SHORT TERM TRIP AGEEMENT

I, _____, desire to travel and participate in GTO Summer Camp (the "Activities") organized through the Gladney Center for Adoption ("Gladney"). In return for the opportunity to participate in the Activities as organized by Gladney, I accept and agree that:

- By participating in the Activities, I may be exposed to risks, including, but not limited to, health hazards from food, water, diseases, pests, and personal injury (herein "Risks"). My participation in the Activities is voluntary, and I accept the Risks of my participation.
- [I hereby authorize Gladney's representatives and members of the team, in case of medical emergency, to consent on my behalf to medical diagnosis, treatment, and care while I am participating in the Activities.
- If, in the opinion of Gladney's representatives, my conduct during the Activities jeopardizes the safety of success of the Activities or the service team, my services in connection with the Activities may be terminated by Gladney and I may be required to return home before completion of the Activities at my own expense.
- [I grant permission for Gladney to videotape or photograph me during this trip. I understand and grant permission for these to be used on the Gladney web page, social media, and/or any printed promotional materials.

I am are aware of and agree to these statements regarding GTO Summer Camp.

Printed Name of Participant	Signature	Date	-
		200	

Printed Name of Guardian

Signature

Date