



Camp Terrence  
of  
*Camp Terrence LLC*  
Motivational Youth Program



**APPLICANT INFORMATION FORM**

Name \_\_\_\_\_  
(Last Name) (First Name) (Middle Initial)

Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Phone \_\_\_\_\_ Email \_\_\_\_\_  
(Home Number) (Cell Number)

Date of Birth (mm/dd/yy) \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Grade Level: \_\_\_\_\_

T-shirt Size \_\_\_\_\_ Small \_\_\_\_\_ Medium \_\_\_\_\_ Large \_\_\_\_\_ XL \_\_\_\_\_ XXL

School Name \_\_\_\_\_

School Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Current GPA (if applicable) \_\_\_\_\_ Cumulative GPA \_\_\_\_\_

List any School Related/ Non School Related Extra Curricular Activities

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Parental/Legal Guardian Information**

Name \_\_\_\_\_  
(Last Name) (First Name) (Middle Initial)

Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Phone \_\_\_\_\_ Email \_\_\_\_\_  
(Home Number) (Cell Number)

**Emergency Contacts**

Name \_\_\_\_\_  
(Last Name) (First Name)

Name \_\_\_\_\_  
(Last Name) (First Name)

Phone \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

Please explain below why you wish to participate in the Camp Terrence Program (in less than 100 words)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





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STUDENT CODE OF CONDUCT & RESPONSIBILITY CONTRACT

As a participant of Camp Terrence Motivational Youth Program:

- 1. I agree to abide by the rules and regulations set forth by Camp Terrence Motivational Youth Program personnel and to conduct myself with respect.
2. I agree to be cooperative and follow instructions ensuring that I respect adults and all authorized authority.
3. I will not bully or participate in negatively speaking to or of anyone nor act in a violent manner.
4. I will provide a copy of my recent grade report with the application.
5. I will remain in good academic standing with a cumulative minimum average of a 'C' or its equivalent.
6. I understand that my membership may be revoked after three unexcused absences from meetings and activities within an academic year and that I must notify Camp Terrence Motivational Youth Program personnel of any absence.
7. I understand that my personal and private information will not be shared with any individuals, agencies or institutions without my parent's written consent.
8. I will participate in workshops and activities that seek to prepare me for a career and or college attendance.
9. I will be fully engaged in attending program meeting and activities that will include civic and cultural activities.
10. I understand that I cannot bring guests to meetings or activities without prior consent or knowledge of Camp Terrence Motivational Youth Program personnel.
11. I understand my admission and participation in the program is voluntary and maybe terminated by any party of this agreement at any time.
12. I understand that I may be photographed or videotaped during the program meetings and activities for use of such images to be used by Camp Terrence LLC and Camp Terrence Motivational Youth Program personnel in print or electronic media for promotion of the program.
13. I understand that this form will be kept on file by Camp Terrence LLC and Camp Terrence Motivational Youth Program personnel.
14. I will evaluate Camp Terrence Motivational Youth Program when requested.
15. I will notify the program coordinators when I am unable to attend a session
16. I understand that my program membership may be revoked after two unexcused absences.
17. I understand that I have released Camp Terrence LLC their officers, members, agents, representatives, assigns and heirs of any and all presumed and/or actual liability arising out of or related to my participation in Camp Terrence Motivational Youth Program.

By affixing my signature below, I certify that I have read all of the above information and agree with code of conduct and responsibilities as a participant of Camp Terrence Motivational Youth Program.

Student/Applicant Printed Name

Date

Student/Applicant Signature

Contact Number

Email

DEADLINE: POSTMARKED AND RECEIVED BY September 29, 2023



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### Parental Consent & Responsibility

As the parent or legal guardian of (hereinafter to as “she” or “her” or “he” or “his”), I hereby certify and affirm the following:

1. I am legally entitled to give consent for his/her participation in Camp Terrence Motivational Youth Program.
2. I acknowledge that he/she will be enrolled in 9<sup>th</sup> grade and a student in good academic standing with a cumulative minimum average of a “C” or its equivalent.
3. I am aware that upon application to Camp Terrence Motivational Youth Program, I must provide a copy of his/her most recent grade report.
4. I understand that program membership may be revoked after two unexcused absences from meetings and activities within an academic year and I must notify Camp Terrence Motivational Youth Program personnel of any absence.
5. I understand that his/her personal and private information will not be shared with any individuals, agencies or institutions without my written consent.
6. I understand that he/she will be involved with workshops and activities that seek to provide an innovative learning experience for all of the children through programs that target life skills, academic skills, and positive survival skills. I understand that it is my responsibility to make sure that she/he is present at all program activities.
7. I authorize permission for him/her to attend all sanctioned enrichment and cultural excursions that are off-site from the regular meeting place.
8. I understand that guests (i.e., younger siblings, friends, un-enrolled students) should not be brought to the meeting or activities without prior consent or knowledge of Camp Terrence Motivational Youth Program personnel.
9. I understand that his/her admission and participation in the program is voluntary and may be terminated by any party of this agreement at any time.
10. I authorize Camp Terrence Motivational Youth Program personnel to transport him/her (or arrange transportation) to a hospital or medical facility in the event that I cannot be reached and authorize consent to examination, care and treatment as deemed necessary by a licensed physician or dentist.
11. I understand that he/she may be photographed or videotaped during the program meetings and activities and give my consent for use of such images by Camp Terrence LLC and Camp Terrence Motivational Youth Program personnel in print or electronic media used to promote the program.
12. I understand that as the parent or legal guardian, I may be required to attend a mandatory parental orientation, periodic meetings and program activities. In the event I cannot attend, I agree to send an adult representative in my place.
13. I understand that this form will be kept on file by Camp Terrence LLC and Camp Terrence Motivational Youth Program personnel.
14. Termination of a student’s involvement in Camp Terrence Motivational Youth Program will be in writing.
15. I understand that I have released Camp Terrence LLC their officers, members, agents, representatives, assigns and heirs of any and all presumed and/or actual liability arising out of or related to my participation in Camp Terrence Motivational Youth Program.

By affixing my signature below, I certify that I have read all of the above information and agree with the provisions and my role and responsibilities.

Parent/Legal Guardian Printed Name	Relationship to Applicant/Participant	Date
Parent/Legal Guardian Signature	Contact Number	Email

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## MEDICAL INFORMATION AND LIABILITY RELEASE FORM

<b>Student's Name</b>		<b>Date of Birth (mm/dd/yyyy)</b>	
<b>Mother's Name</b>		<b>Cell Phone #</b>	<b>Home Phone #</b>
<b>Father's Name</b>		<b>Cell Phone #</b>	<b>Business Phone #</b>
<b>Address</b>		<b>City</b>	<b>State</b>
		<b>Zip</b>	
<b>Health History: Please check all that applies</b>			
<b>Condition</b>	<b>Yes</b>	<b>If you checked "Yes", please explain</b>	
<b>Asthma</b>	<input type="checkbox"/>	<b>Drug Allergies</b>	<input type="checkbox"/>
<b>Diabetes</b>	<input type="checkbox"/>	<b>Food Allergies</b>	<input type="checkbox"/>
<b>Heart Disease</b>	<input type="checkbox"/>	<b>Physical limitations</b>	<input type="checkbox"/>
<b>Hay Fever</b>	<input type="checkbox"/>	<b>Other</b>	<input type="checkbox"/>
<b>Eating Disorder</b>	<input type="checkbox"/>		
<b>Seizures</b>	<input type="checkbox"/>		
<b>Please indicate the date of teen's last Tetanus shot (mm/yyyy):</b>			
<b>Please list ALL medications and dosage the teen is currently taking:</b>			
<b>1.</b>	<b>Dosage:</b>	<b>2.</b>	<b>Dosage:</b>
<b>3.</b>	<b>Dosage:</b>	<b>4.</b>	<b>Dosage:</b>
<b>Health Insurance/Physician Information</b>			
<b>Insurance Carrier</b>		<b>Policy Holder</b>	
<b>Insurance Phone Number</b>		<b>Policy/Group Number</b>	
<b>Primary Physician</b>		<b>Physician's Office Phone Number</b>	
<b>General Release</b>			
<p>I, _____, the undersigned parent or legal guardian, do hereby release The Links, Incorporated, Camp Terrence LLC and their officers, members, heirs, agents, assigns from any and all liability which might result from any and all claims related to or arising out of, directly or indirectly from my minor's participation in any activity which may be conducted under the supervision of Camp Terrence LLC.</p>			
<b>Signature (Parent or Legal Guardian)</b>		<b>Print Name</b>	<b>Relationship to Minor</b>
			<b>Date</b>

**IMPORTANT NOTICE:** In accordance to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule regulation, it is important that all parties in receipt of this form, assure that the information contained on this document is properly protected while allowing the flow of health information needed to provide health care and to protect the individual's health and well-being. The purpose of the Privacy Rule is to define and limit the circumstances in which an individual's Protected Health Information (PHI) may be used or disclosed. Contents contained on this document should only be discussed or shared with the individual (or their personal representative) or for the treatment activities of any healthcare provider.

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Mail application packet to: P. O. Box 873 Walterboro, SC 29488 E-mail: [campterrenceMYP@gmail.com](mailto:campterrenceMYP@gmail.com) Website: [campterrence.com](http://campterrence.com)



## EMERGENCY MEDICAL CONSENT FORM

Camp Terrence LLC officials will attempt to notify parent/guardian or designated emergency contact if your child becomes ill or injured. In the event of a medical emergency, your child will be taken to the nearest emergency hospital for diagnosis/treatment regardless of parental notification.

### EMERGENCY CONTACT IF PARENT/GUARDIAN CANNOT BE REACHED:

**NAME:** \_\_\_\_\_

**RELATIONSHIP:** \_\_\_\_\_

**HOME NUMBER:** \_\_\_\_\_

**WORK NUMBER:** \_\_\_\_\_

**CELL NUMBER:** \_\_\_\_\_

Medical Authorization
<p>I hereby release Camp Terrence LLC, their officers, members, heirs, agents or assigns, from any and all liability relating to or arising out of any physical injury which may occur as a result of my child's direct or indirect participation in activities conducted under the supervision and direction of Camp Terrence LLC and all participating medical personnel from any and all liability associated with the care and treatment of my child.</p> <p>I understand that Camp Terrence LLC, and its members assume no liability of any nature whatsoever in relation to any transportation of (students)_____ for the purpose of securing medical and/or dental treatment.</p> <p>I further understand that all medical and dental treatment, examinations, x-rays, cost of ambulance, or hospitalization provided in relation to this authorization shall be borne by the undersigned.</p> <p>Signature of Parent/Guardian: _____ Date: _____</p> <p>Signature of Parent/Guardian: _____ Date: _____</p>
<p><b>Medical Insurance Cards: Camp Terrence Participants must attach 3 copies of the front and back of your medical hospitalization Insurance card to this form.</b></p>

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## CAMP TERRENCE PROGRAM

### Commitment Form

**As a member of the Camp Terrence Motivational Youth Program I:**

- will attend all sessions unless there is a justifiable reasons to be absent.
- will engage in all activities with a positive attitude.
- will fully participate in all activities.
- will exhibit proper behavior and respect towards fellow students and adults at all times.
- understand that my actions have a profound impact on the program at large.

I have read and understand the expectations inherent to the Camp Terrence Program as it pertains to my participation.

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

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