



**TRAIL BLAZERS  
2008 SUMMER APPLICATION**

250 W 57<sup>th</sup> Street, Rm 1132  
New York, NY 10019  
(212) 529-5113  
(212) 529-2704 fax

PLEASE COMPLETE A SEPARATE FORM **FOR EACH CHILD** AND SEND IT TO THE ABOVE ADDRESS  
**By April 1, 2008 (Preferred Deadline)**

Check the session your child wishes to attend (Choose one):

- Pioneer Session: June 28<sup>th</sup> – July 7<sup>th</sup>**
- July Session: July 10<sup>th</sup> – July 31<sup>st</sup>**
- August Session: Aug. 4<sup>th</sup> – Aug. 25<sup>th</sup>**

} **New and  
Returning  
Campers 9-14**

**1. STUDENT INFORMATION**

My child is a  New camper  Returning Camper **Number of years attending TBC:** \_\_\_\_\_

Student Name: \_\_\_\_\_ Student Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street Apt. # City State Zip Code

(\_\_\_\_\_) Sex:  Female  Male Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Home Phone Month Day Year

Language(s) spoken at home: \_\_\_\_\_ Does a parent speak English? Yes (\_\_\_) No (\_\_\_)

Grade: \_\_\_\_\_ School: \_\_\_\_\_ Parent Email Address: \_\_\_\_\_

**2. FAMILY INFORMATION**

Parent/Guardian #1 (please write above the line)

Parent/Guardian #2

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

(\_\_\_\_\_) \_\_\_\_\_  
Home Phone

(\_\_\_\_\_) \_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Employer

(\_\_\_\_\_) (\_\_\_\_\_) \_\_\_\_\_  
Work Phone Cell Phone

(\_\_\_\_\_) (\_\_\_\_\_) \_\_\_\_\_  
Work Phone Cell Phone

**4. EMERGENCY CONTACTS**

Please identify two persons other than the parent/guardian who may be called in the event of an emergency.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Relationship to Child

(\_\_\_\_\_) \_\_\_\_\_  
Home Phone

(\_\_\_\_\_) \_\_\_\_\_  
Home Phone

(\_\_\_\_\_) (\_\_\_\_\_) \_\_\_\_\_  
Employer Work Phone

(\_\_\_\_\_) (\_\_\_\_\_) \_\_\_\_\_  
Employer Work Phone

(\_\_\_\_\_) \_\_\_\_\_  
Cell Phone

(\_\_\_\_\_) \_\_\_\_\_  
Cell Phone

## Trail Blazers Application (Cont'd)

### 5. GENERAL INFORMATION

- 1) Child's Race/Ethnicity \_\_\_\_\_ (Not Required) Child's Religion \_\_\_\_\_ (Not Required)
- 2) Has your child previously attended Trail Blazers' Summer Program? \_\_\_\_ If YES, when? \_\_\_\_\_  
Month Year
- 3) Has your child ever attend another camp? If YES, where & when? \_\_\_\_\_
- 4) How did you hear about Trail Blazers? (If by word of mouth, give specific name) \_\_\_\_\_
- 5) Does your child see a counselor or social worker regularly? If YES, where and with whom? \_\_\_\_\_
- 6) Does this child have a sibling or other relative in the program? Yes(\_\_\_\_) No(\_\_\_\_) If yes, what is the child's name?  
\_\_\_\_\_
- 7) Parents Marital Status: Single Married Widowed Partners Divorced Separated
- 8) What is the highest grade in school that you (parent/guardian) completed? (please check one)
- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Elementary School (grades 1-8) | <input type="checkbox"/> Received High School Diploma           | <input type="checkbox"/> Some Graduate School   |
| <input type="checkbox"/> Some High School               | <input type="checkbox"/> Some College (or an Associates Degree) | <input type="checkbox"/> Graduate School Degree |
| <input type="checkbox"/> Received GED                   | <input type="checkbox"/> Completed College (Bachelors Degree)   |   |
- 9) Does your child receive (please check one): \_\_Free Lunch \_\_Reduced Price Lunch \_\_Full Price Lunch
- 10) Does your child receive public assistance?  
HRA (AFDC) # \_\_\_\_\_ Food Stamp # \_\_\_\_\_

### 6. PARENT/GUARDIAN SIGNATURE – MUST BE COMPLETED FOR ATTENDENCE

Trail Blazers and its associated agencies have my permission to use any photograph of my child participating in any program or program related activities in any and all media (Cross out this portion if you disagree).

I hereby give permission for my child to leave the Trail Blazer property for authorized programs.

It is mutually understood that Trail Blazers accepts no responsibility for the loss of or damage to any child's property.

I hereby give permission to the physician selected by Trail Blazers to order x-rays, routine tests and treatment for the health of my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by Trail Blazers to hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for my child as named herein. I hereby give permission for the medical personnel selected by Trail Blazers to administer any necessary medications to my child. I hereby give permission for my child to participate in all Trail Blazers activities including but not limited to: high/low ropes course, off property hikes/water activities, fishing, swimming, boating, hiking, crafts, cooking over open fires, working with knives/tools and animal husbandry.

Trail Blazers reserves the right to administer survey questionnaires to any child during his or her session at Trail Blazers. Participation in these surveys is voluntary. All answers and results will be kept confidential and will be used for the development and improvement of Trail Blazers' programs to better serve our participants.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

Yes, I understand and agree to adhere to the rules of Trail Blazers.

\_\_\_\_\_  
Child's Signature

\_\_\_\_\_  
Date