

Oregon Independent Living Program Teen Retreat

2018 Youth Scholarship Application

Teen Retreat Dates: 6/25/18 - 6/28/18

Application Deadline: **6/8/18**

Fax: 503-717-1702 (Fax Applications)

Email: retreat@fosterclub.com (Questions or Scan Applications)

Phone: 503-717-1552 (Questions or Concerns)

• **GENERAL INFORMATION**

Name: _____ Gender: _____

Address: _____ Pronoun(s): _____

City, ST, Zip: _____ English Speaker: Yes
 No

Email: _____ 2nd Language: _____

Phone: _____ Age (Date of Birth): _____

Foster Parent / Guardian: _____ Phone: _____

Emergency Contact: _____ Phone: _____

• **ORGANIZATION INFORMATION**

ILP Agency: _____ County: _____

ILP Case Manager: _____ Phone: _____

DHS or Tribal Caseworker: _____ Phone: _____

• **MEDICAL INFORMATION**

Doctor: _____ Phone: _____

Medical Plan: _____ Medical Card #: _____

Special Medical Needs: Allergy Heart Diabetes Insect bites Drug reaction
 Epilepsy Pregnant Handicap Other: _____

Medication Information:

MEDICATION	TYPE	DOSAGE	TIME

• **SPECIAL NEEDS & ACCOMMODATIONS**

Special dietary needs: _____

Special needs or accommodations (please describe)*: _____

*Please note that there are cabins/bathrooms specifically set aside for gender non-conforming/trans folks that prefer this option, and if you are requesting this, please indicate that in this section.

• **PERMISSION**

I grant permission for the youth listed above to attend Teen Conference and to receive any medical attention that may be required.

Please Check one: YES NO

Guardian Name (Print): _____

Guardian Name (Sign): _____ Date: _____

• **SUPERVISION**

My supervision at the event will be provided by: _____

My transportation to and from the event will be provided by: _____

• **RULES & EXPECTATIONS**

I have read and agree to abide by the Rules & Expectations.

Youth Signature: _____ Date: _____

Application Deadline: 6/8/18

*A completed application does not mean an automatic scholarship.

2018 Oregon Teen Retreat

Scan completed Applications or for Questions please **EMAIL:** retreat@fosterclub.com

Rules & Expectations

FAX Completed Applications to: 503-717-1702

For Questions please **CALL:** 503-717-1552

Your participation in the Oregon Teen Retreat carries the responsibility of representing Oregon teens to the public. You are expected to conduct yourself in a manner that reflects well on your state, county, as well as yourself. Your contribution to the retreat is as important as what you receive from the retreat.

***PLEASE READ AND INITIAL ALL ITEMS & SIGN**

1.	I will attend all parts of the planned program. I will inform those in charge if I am not feeling well or need medical attention and cannot attend the scheduled activity.	<h3 style="text-align: center;"><u>My Rights</u></h3> <p>To have what every child needs:</p> <ul style="list-style-type: none"> Nutritious food that meets my dietary needs <p>To be safe:</p> <ul style="list-style-type: none"> To be treated with respect To be protected from physical, mental, emotional and sexual abuse <p>To be healthy:</p> <ul style="list-style-type: none"> To see a nurse if I am sick and request medical attention <p>To learn:</p> <ul style="list-style-type: none"> To be provided with age-appropriate educational opportunities to prepare me for adult life To have the opportunity to participate in activities that interest me <p>To be in a place that meets my needs:</p> <ul style="list-style-type: none"> To have a curfew and retreat rules that are clear and fair and to have them explained to me from the beginning <p>To make decisions for myself:</p> <ul style="list-style-type: none"> To receive respect To determine and express my gender and sexual identity for myself <p>To be informed:</p> <ul style="list-style-type: none"> About where I can go for help
2.	I will observe established hours and be in the designated areas. I understand that there will be areas where I may not be allowed to go.	
3.	I will dress appropriately to the occasion. I will at all times, be courteous and clean, in dress and language, and display good manners. My language will be appropriate and respectful of others. I will not swear.	
4.	I will not leave the assigned program area, at any time, without permission of the person in charge of my county or activity. I will stay for the entire duration of the retreat.	
5.	I will not bring or use alcohol, drugs (except those prescribed by my doctor), fireworks, firearms, pocket knives, or weapons of any kind. If I see anyone breaking this rule I will report it immediately. NOTE: possession or use of marijuana on campus is illegal according to Federal Law.	
6.	I will be responsible for all my personal property.	
7.	I will respect other's personal property and personal space and I will keep my hands to myself.	
8.	Shoplifting, theft or vandalism of public or personal property will not tolerated. I will not be a part of this kind of activity and will report any such activity that I am aware of.	
9.	I will avoid roughness and damage of room furnishings, furniture, equipment, etc. I know that I am responsible for any damage or misconduct.	
10.	I know that the Teen Retreat is to encourage interaction among all members attending, but not exclusively with one person. I know that kissing and other sexual displays of personal affection or harassment distract from the group and are not appropriate behaviors and I will refrain from them.	
11.	If I am underage, I will NOT use tobacco products. If I am of legal age, I will not use tobacco products on camp grounds, and will NOT distribute to minors.	
12.	Walkmans, ipods, cell phones and other electronic devices are not allowed during workshops, recreation time or retreat activities - and I will be asked to put them away.	
I KNOW THAT VIOLATORS MAY EXPECT:		
13.	<ul style="list-style-type: none"> To have the opportunity to explain actions to the solution seekers. A phone call will be made to branch staff and IL leadership noting behavior that is disruptive. Dismissal and being sent home, at branch expense. 	

I hereby agree and understand the code of conduct and consequences.

Signature: _____ Date: _____

Camp Arrah Wanna, Inc. (CAW)

24075 E Arrah Wanna Blvd. | Welches, OR 97067 | P: (503) 622-3189 | F: (503) 622-1229

RELEASE OF CLAIMS AND CONSENT

All Activities at CAW-Including but not limited to the High & Low Ropes Challenge Courses, River Tubing, Swimming Pool Use, and Archery Course

Notice: This is a legally binding agreement. CAW Activities: High and Low Ropes Challenge Courses / River Tubing on the Salmon River / Outdoor Swimming Pool / Archery Course. These activities are strenuous and psychologically demanding and require participants to be in good physical condition. Although it is impossible to foresee all possible dangers, some specific risks the participant may encounter while doing the listed activities might include, but are not limited to death, and/or injury from but not limited to slipping, tripping, falling, running, or jumping.

I fully realize that participation in the mentioned activities involves psychologically and physically challenging situations and that my participation in the same could result in sprains, cuts, rope burns, and or abrasions or more serious injury. I acknowledge that CAW has/will inform me of all required safety regulations and that my failure to follow the regulations and instructions my result in serious injury. I understand that a physician should be consulted before participation in these courses if I have one of the following conditions: pregnancy, have a back, head or neck condition, high blood pressure, and/or a heart condition. I understand that an inhaler for exercise induced Asthma, EpiPen (epinephrine) for severe insect allergies, or any other medication needed for a chronic medical condition should be brought with me to the courses and/or activities.

I understand that I am responsible for behaving in a careful and prudent manner to minimize the risk of injury to myself and others. I also understand that this is a voluntary program and that I should participate to the extent that I feel is appropriate for my own condition and skill level. I understand I will not be permitted to participate if found to be under the influence of non-prescribed drugs or alcohol.

I waive and release claims by me or on behalf of me, which may incur against CAW, the American Baptist Churches of the Central Pacific Coast, its sponsors, agents, representatives, board members and employees for damages, for negligent property loss, negligent personal injury and negligent emotional distress, which I might sustain and suffer in connection with my participation in all activities & Challenge Courses at CAW.

CAW has my permission to secure emergency care for me if necessary. I have health care coverage for the cost of any treatment for an injury suffered while participating in any and all activities.

CAW will not take photographs of me while I am on the CAW premises or while I am participating in Activities and/or the Challenge Courses UNLESS I specifically authorize here: _____

Yes, photographs of me may be taken while I am on the CAW premises or while participating in Activities and/or the Challenge Courses and such photographs may be used for publicity by CAW. Initials: _____

OR

No photographs of me may be taken. Initials: _____

Legal Name: _____ Age: _____ DOB: _____

Mailing Address: _____
Street City State Zip

Home Phone: _____ Cell: _____ Work: _____

Guest Group Name: _____ Dates of Stay: _____

Medical Statement:

I recognize that climbing & swimming can be strenuous endeavors requiring me to be in good physical condition. I am listing below those conditions I have that could restrict my participation in all activities and/or the Challenge Courses and medications I am currently taking:

I further certify that to the best of my knowledge, I attest that I have disclosed all information that could restrict my participation in this/these activity/activities.

Participants Signature Print Name Date

Parent/Guardian Signature (if under 18 years) Print Name Date

PLEASE NOTE:

A completed application does not mean an automatic scholarship!

You are solely responsible for your valuables!

2018 Oregon Teen Retreat

Prepare *for* Teen Retreat!

Scan completed Applications or for Questions please **EMAIL:** retreat@fosterclub.com

FAX Completed Applications to: 503-717-1702

For Questions please **CALL:** 503-717-1552

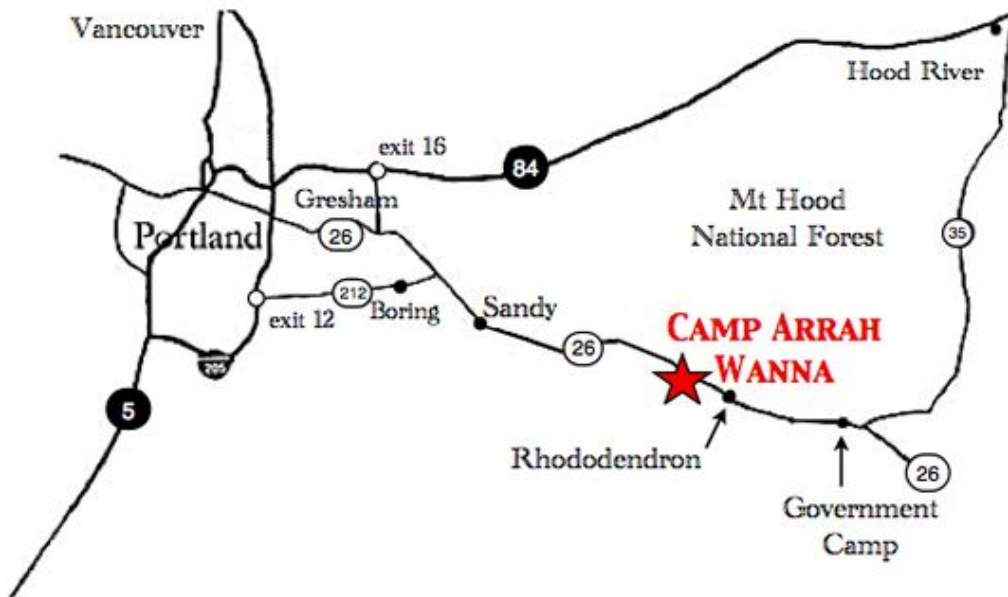
Please save this sheet and use it to prepare for Teen Retreat.

Location: Camp Arrah Wanna

Address: 24075 E Arrah Wanna Blvd, Welches, OR 97067

- For more information about the camp, go to: <http://www.camparrahwanna.org/>

Directions to Camp: Arrah Wanna Blvd. is located east of Portland, just feet beyond the 40-mile marker on Hwy 26 in Welches. Look for the "Oregon Realty" and "Pro Hardware" on the corner, turn Right and travel about .5 mile South on Arrah Wanna Blvd. There is a huge rock on the right that say "Camp Arrah Wanna". The office is located straight ahead, near the Main Lodge next to the Bell Tower.



NOTE: Please eat before arriving at camp - Dinner will be served at 6:00PM!

Please contact FosterClub for any questions or concerns at training@fosterclub.com or call 503-717-1552

WHAT TO BRING:

- Medical Card
- Medications (in original containers)
- Glasses (or contacts)
- Sleeping Bag
- Extra Blanket
- Pillow
- Towel (Shower)
- Towel (Swimming)
- Washcloths
- Bug Spray
- Sunscreen
- Flashlight
- Water Bottle (Refillable)
- Sunglasses

CLOTHES:

- Shirts (no rips or holes)
- Warm Hat
- Gloves or Mittens
- Rainwear (tops and bottoms)
- Long Underwear
- Pants / Shorts
- Sweatshirt or Light Jacket
- Rain / Cold Weather Coat
- Swim Suit / Trunks
- Socks
- Outdoor / Sports Shoes
- Nice Outfit
- Underclothes
- Pajamas
- Closed Toe Shoes
- EXTRAS!!!!

HYGIENE ITEMS:

- Toothbrush
- Toothpaste
- Hair Dryer
- Comb / Brush
- Soap
- Shampoo / Conditioner
- Feminine Items
- Deodorant
- Antibacterial Wipes
- Body Lotion
- Contact Lens Solution
- Face Cleanser
- Floss

OPTIONAL:

- Camera / Small Mirror