



## CAMP KENNEDY PARENT INFORMATION FORM– 2009

In order to help us ensure that your child has a fun, healthy and successful summer and to be sure that Camp Kennedy is suitable for your child, we would appreciate your assistance in completing this form. This information will help us to better prepare for your child's trip experience.

**Camper's Name** \_\_\_\_\_

Why do YOU want your child to participate in the Kennedy program? Rank in order of importance (from 1 = most important to 7= least important).

- To gain more independence.
- His/her friends are going and I want my child to be with them for the summer.
- I want my child to have the opportunity to challenge him/herself by going on day hikes, backcountry trips and learning to work as part of a team.
- Have a fun summer.
- Meet new friends.
- I heard the Camp Kennedy was a great "growing" experience for teens.
- Needs to "get away" from home, school friends for the summer and this would be a great opportunity.

What are some goals you would like for your child to personally achieve while at Camp?

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Do you or your child have any fears/anxieties pertaining to camp that may affect his/her trip experience?

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Give a brief explanation of any medical issues, including allergies and physical limitations, that may limit your child's participation in any of our rigorous activities such as daily hikes, backcountry camping, canoeing, etc.

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Please give a brief explanation of any psychological or behavioral issues your child may have.

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Are there any custodial issues in your family? Please explain.

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Please add any additional comments you wish to bring to our attention that would help us understand your child better and provide a more successful trip experience for him/her.

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**PARENT/GUARDIAN NAME**

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**PARENT/GUARDIAN SIGNATURE**

\_\_\_\_\_  
**DATE**

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