



## 2022 CAMPER QUESTIONNAIRE

Life Camp USA strives to provide your child with the best possible camp experience. The more we know about your child, the easier it will be to meet this goal. This form will strictly be kept CONFIDENTIAL and will only be shared with the mentor team that will serve your boy.

Camper's Full Name:		Preferred Nickname:	
Age:	Birthdate:	Desired Life Camp to Attend: WI ___ CO ___ NC ___	
When does your son's school year end and begin?		Has your child been away from home before?	
If yes, where and for how long?			
Does your child have siblings?			
What are their ages and names?			
Mother or Primary Guardian name: Address:		Secondary Guardian name: Address:	
Phone #:	Email:	Phone #:	Email:
Child's Primary Contact Info (If different from primary Guardian above): Name: Email:			
What are your child's favorite passions, hobbies, activities, and/or sports?			
Are there any concerns that you think we should be aware of before your child attends LC USA? (e.g.: Homesickness, sleepwalking, anxiety, moodiness, behavior, etc.)			
What experiences is your child most looking forward to while at Life Camp USA?			
What are you most looking for your child to get out of participating in Life Camp USA?			
Could your child use extra help with anything while at camp? If yes, please describe how we can help:			

Through what organization or resource did you hear about LifeCampUSA? (As a growing camp, this information is immensely helpful to us as we find the most effective channels to share the LifeCamp USA opportunity with other military and law enforcement families).

**One of the most powerful aspects of our camp is our mentor's passion for giving back to the young men who attend. To help us connect with your child, we would love to hear more about your child's story, his father and why you believe it's important for your boy to attend Life Camp USA. Please share any context that you feel comfortable with by answering as much of or as little of the following questions below.**

Please tell us about your son's relationship with his father before he passed.

What branch of service did your son's father serve in? US Air Force \_\_\_\_\_ US Navy \_\_\_\_\_

US Marine Corps \_\_\_\_\_ US Army \_\_\_\_\_

What year did your son's father pass away?

Please share with us your 'mom story' about your son and why you'd like him to be able to attend Life Camp USA.

Are you in a present relationship or marriage where your son currently has a 'father figure' in the home?

Has your son ever attempted or thought of suicide?

Life Camp USA is founded on principles from the Bible which guides our mentor-based program. Are you okay with that?

Is faith a significant part of your son's daily life?

### MEDICAL QUESTIONNAIRE

Does your child take any medication? If so, what medication and does he need assistance taking it? If yes, do you give permission to Life Camp USA staff to assist and give basic medication?

Does your child have any environmental, insect or drug allergies we should be aware of?

Does your child have any food allergies or sensitivities we should be aware of? Life Camp USA partners with existing camps which provide meals, if your child requires special dietary requirements, we require this information at least 4-weeks prior to your respective camp start date.

Does your child have any recent injuries or undergone any recent operations that we should be aware of? If yes, please give details.

Does your child have any other medical diagnosis that we should be aware of that might impact his activities during Life Camp USA?

Does your child have any activity related restrictions? (e.g. still learning to swim etc.)

Has your son ever attempted or thought of suicide?

Signature:

Relationship: Primary or Secondary Guardian

Date: