



Rockwood Adventures Teen Travel

CAMPER PROFILE

Camper Name _____ **Date:** _____

To be completed by parent/guardian. Be as specific and honest as possible. If your teen was on travel last summer, complete it as though we do not know your child since there will be new staff. If there is something we should know that you prefer not to write and would like to discuss in private, call the office to speak with our Director.

- Does camper live with both birth parents? Yes No Adoptive parents? Yes No
- If no, with whom does the camper live? _____
 If no, specify: separation divorce death other: _____
 Please explain situation: _____

- In the case of divorce, who has legal custody? Mother Father other: _____
- Are there any visitation restrictions of which we need to be made aware? No Yes If yes, please specify: _____

NOTE: We can only honor visitation restrictions if a copy of the court order is on file in the camp office.

- Tell us about your teen's social, emotional, and physical development, personality, moods, etc.

- Tell us about your teen's relationship with his/her peers. Be as specific as possible. _____

- Tell us about your teen's school behavior, academics, extra-curricular activity, friends, etc.

- List four of your teen's favorite activities (camp-related, extra-curricular, academic or other).

- What specific responsibilities (i.e., household duties, babysitting) does your teen have to the home and family?
 Please describe:

- Does your teen have his/her own bedroom? Yes No His/her own bathroom? Yes No
 If no, explain situation: _____

PLEASE COMPLETE REVERSE SIDE

- What consequences do you use when it is necessary to discipline your teen? _____

- Does your teen have fears of which we should be aware? (storms, the dark, noises, animals, deep water, roller coasters)

- Are there any restrictions to your teen's activities this summer? ____ No ____ Yes If yes, please specify:

- What would you like for your teen to gain from his/her teen travel experience? Include any other information you feel will help us to provide a positive teen travel experience for him/her.

- Has your teen been away from home overnight without other immediate family members? ____ Yes ____ No
 Explain when and what type of experiences? Include any difficulty in adjustment he/she had to being away.

- What signs does your teen show when he/she is over-tired? _____

- Describe your teens's bedtime, sleep and wake-up routines (usual times, TV in their room, listens to music, reads, uses a nightlight, bathroom light on all night, hard to wake-up in the morning, early riser, snores, talks in his/her sleep, etc.)

- Will your teen have a cell phone? ____ yes ____ no If yes, indicate type _____
 If yes, does he/she: ____ Text? ____ Send photos? ____ Use email? ____ Use Internet? ____ Use FaceTime?
 How much does your teen use their phone: ____ Constantly ____ Often ____ Occasionally ____ Rarely
 If applicable, what Apps does your teen regularly use _____

- Is your teen able to add Apps without your approval? ____ yes ____ no
 Do you know when an App has been added to their phone/iPod touch/iPad? ____ yes ____ no
- What other electronics does your child regularly use? _____

- We will, at times, limit the use of electronics. What are your limitations at home, if any?

- Please use this space for anything else you would like to tell us about your teen.

Parent/Guardian Signature _____ Date _____