



DELEGATE APPLICATION

Friday, October 20th – Sunday, October 22nd, 2017

Return this application as soon as possible and no later than **Friday, September 22nd, 2017**. Please email your application to campanytownlv@hotmail.com or fax to 702-534-5586 Attn: Rico Ocampo.

Applicant Name: _____ Applicant Address: _____

City: _____ State: _____ Zip Code: _____ Date of Birth: _____

Applicant Cell Phone: _____ Applicant Email: _____

The following information is asked for the sole purpose of assuring diversity at camp. We ask that you respond as you self-identify.

Gender Identity: (e.g. Male, Female, Transgender, etc.) _____

Preferred Gender Pronoun: (e.g. He, She, They, etc.) _____

Ethnicity: (circle one) Asian/Pacific Islander Black/African American Hispanic/Latino Middle Eastern
Multiracial Native American White/Caucasian If circled Multiracial, please specify: _____

Religious or Spiritual Identification: _____

Referring Agency/Organization/Individual (if applicable): _____

School Name: _____ Class: (circle one) Freshman Sophomore Junior Senior

Tee Shirt Size: (circle one) S M L XL 2XL 3XL Past Waitlist? (circle one) Yes No

Emergency Contact Name: _____ Phone Number: _____

Emergency Contact Address: _____

Medical, physical, and/or mental restrictions: _____

Medications and dosage: _____

Dietary restrictions: _____

Religious dietary restrictions: _____



Applicant initials:

_____ I understand that if I become unable to attend Camp Anytown, I will notify the Program Director as soon as possible by calling 702-722-8517 or emailing campanytownlv@hotmail.com so that another student may take my place.

_____ I understand that this is a **free camp** and if I am selected to attend Camp Anytown and no call no show on the day of camp. I will not be allowed to apply to a future Camp Anytown.

_____ I understand that Camp Anytown is a drug-free and tobacco-free program and that there will be no smoking allowed on the bus or at Camp Anytown at any time.

Applicant Signature: _____

Parent/Guardian Name: _____ Parent/Guardian Address: _____

City: _____ State: _____ Zip Code: _____

Parent/Guardian Phone Number: _____ Parent/Guardian Email: _____

Preferred way to contact parent/guardian? (*circle one*) Email or Phone

Parent/Guardian initials:

_____ I give my permission for this applicant to attend Camp Anytown Las Vegas and authorize the use of photographs/video taken and quotes given by my child for marketing use of the Anytown program.

_____ If accepted into the program, your student will be emailed an acceptance letter and information packet. Following receipt of this, please call or email to confirm attendance. This is required to reserve your space.

_____ In the event of an accident or illness, which requires medical care, I give my permission to the attending licensed nurse/medical technician and/or physician to order such medical attention as may be deemed necessary for my student.

_____ I have provided phone numbers and other pertinent information on this form so that the Anytown staff may notify me immediately in case of emergency. The medical information provided is complete and accurate to the best of my knowledge.

_____ I release Camp Anytown Las Vegas and the Interfaith Council of Southern Nevada of all liability with regards to my participating student in the event of illness or injury.

Parent/Guardian signature: _____