



CAMP ANYTOWN LAS VEGAS DELEGATE APPLICATION

Friday, April 14 – Sunday, April 16th, 2017

Attention Students: Due to the nature of the camp, we are unable to accept applications for returning delegates. Return this application as soon as possible and no later than Friday, March 24th, 2017. Please email to campanytownlv@hotmail.com or fax to 702-534-5586 Attn: Julia Jameson.

Applicant Name: _____

Applicant Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Age: _____

The following information is asked for the sole purpose of assuring diversity at camp.

We ask that you respond as you self-identify.

Gender: (*circle one*) Male Female None of the above

If circled None of the above, please specify: _____

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 (if applicable): _____

Referring Individual (if applicable): _____

School Name: _____

Class: (*circle one*) Freshman Sophomore Junior Senior

Were you placed on the waitlist for Fall 2016? (*circle one*) Yes No

Tee Shirt Size: (*circle one*) S M L XL 2XL 3XL

Applicant Cell Phone: _____ Applicant Email: _____

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 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 the following 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: _____

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

Parent/Guardian Phone Number: _____

Parent/Guardian Email: _____

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.

Emergency Contact Name: _____

Emergency Contact Phone Number: () _____

Medical, physical, and/or mental restrictions: _____

Medications and dosage: _____

Dietary restrictions: _____

Religious dietary restrictions: _____

Parent/Guardian signature: _____

