



DELEGATE APPLICATION

School you attend: _____

Referring Agency/Organization (if applicable) _____

If referred by School Administrator/Teacher/Counselor:

I recommend _____ as a delegate to Camp Anytown LV

Print Name of School Official: _____

Signature of School Official: _____

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 September 20th, 2016. Please fax to 702-534-5586 Attn: Kara.

Please Note: Please write clearly. If accepted into the program you will be mailed (or emailed) an acceptance letter and information packet. Following receipt of this please call or email to confirm attendance- this is required to reserve your place.

Date of Application: _____ **Camp Date:**
NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Student Phone Number: _____ Students Email Address: _____

Parent/Guardian Name: _____

Best Number to Contact Parent/Guardian: _____

Parent Email Address: _____

Does Parent/Guardian speak English? _____ If no, what language? _____

Preferred way to contact Parent (Email or Mail): _____

Emergency Contact Name: _____

Phone Number: _____ Relationship: _____

T Shirt Size: **(Please circle one)** S M L XL 2X 3X

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

Sex: Male Female Other _____ Date of Birth: _____ Age: _____

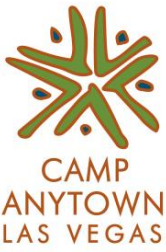
Class: Freshman Sophomore Junior Senior

Race/Ethnicity: Caucasian African Am. Hispanic Asian/Pacific Islander

Middle Eastern Native Am. Other

Multi-racial, please list: _____

Religious/ Spiritual Identification: _____



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Applicant Responsibilities (please initial each item):

1. _____ 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 anytime.
2. _____ I understand that if I become unable to attend Camp Anytown I will notify the Camp Coordinator as soon as possible by calling **(702) 900-6840** or **(702) 722-8517** so that another student may take my place.

Applicant's Signature: _____

Parent/Guardian Responsibilities:

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

Please Note: If accepted into the program your student will be mailed/emailed an acceptance letter and information packet. Following receipt of this, please call or email to confirm attendance- this is required to reserve your place.

Parent/Guardian's Signature: _____

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 the health and safety of my child or the person for whom I am the legal guardian. 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 regard to my participating student in the event of illness or injury.

Parent/Guardian's Signature: _____ **Date:** _____

Delegate Medical Information

Check here if there is any health, physical, mental, or dietary restrictions the medical administrator should be aware of. Please describe details below (use reverse side for additional space).

Vegetarian Allergic: _____

Religious dietary restrictions: _____

Other: _____

Check here if any prescribed medication will be needed during camp.

Medication(s): _____

Dosage: _____

Name of Personal physician: _____ Phone: _____