



## CAMP ANYTOWN DELEGATE APPLICATION

*Deadline to apply: Friday, October 19*

**CAMP DATES:** November 29 to December 2, 2018

**LOCATION:** Camp Lee Canyon Youth Resident Camp

**COST:** Free **Eligible Youth:** Only students in 10-12<sup>th</sup> grade

Applicant Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Date of Birth \_\_\_\_\_

Applicant Cell Phone: \_\_\_\_\_ Applicant Email: \_\_\_\_\_

Tee Shirt Size (*circle one*) XS S M L XL 2XL 3XL 4XL Past Waitlist? (*circle one*) Yes No

**The following information is asked for the sole purpose of assuring diversity at Camp Anytown. We ask that you respond as you self-identify. Incomplete applications will be NOT be processed.**

Gender Identity (*circle all that apply*) Woman Trans-feminine Man Trans-masculine Non-binary Other

If responded Other, please specify \_\_\_\_\_

Preferred Gender Pronoun (*e.g. He, She, They, etc.*) \_\_\_\_\_ Preferred Language Spoken \_\_\_\_\_

Ethnicity (*circle one*) Asian Black/African American Hispanic/Latinx Indigenous Middle Eastern

Multiracial Native American Pacific Islander White/Caucasian

If responded Multiracial, please specify \_\_\_\_\_

Religious or Spiritual Identification \_\_\_\_\_

Referring Agency Individual (mandatory) \_\_\_\_\_

Referring individual email address \_\_\_\_\_ Referring Individual title \_\_\_\_\_

Applicant school Name \_\_\_\_\_ Class: (*circle one*) Sophomore Junior Senior

Parent/Guardian Name \_\_\_\_\_ Parent/Guardian Phone Number \_\_\_\_\_

Parent/Guardian Email \_\_\_\_\_ Preferred way to contact? (*circle one*) Email or Phone

What is the preferred language of the parent/guardian? \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Medical, physical, and/or mental restrictions \_\_\_\_\_

Medications and dosage \_\_\_\_\_

Dietary accommodations \_\_\_\_\_

PO Box 73070 Las Vegas, NV 89170  
702-722-8517 MOBILE | 702-534-5586 FAX

[info@campanytownlasvegas.org](mailto:info@campanytownlasvegas.org) | [www.campanytownlasvegas.org](http://www.campanytownlasvegas.org)



**Applicant initials:**

\_\_\_\_\_ I understand that submitting my delegate application does not grant me an automatic spot at Camp Anytown.

\_\_\_\_\_ I understand that Camp Anytown’s application process is highly competitive and I may be placed on the wait-list. If so, I understand that I will be notified as soon as possible if a spot becomes available.

\_\_\_\_\_ I understand that if I am unable to attend Camp Anytown, I will email [info@campanytownlasvegas.org](mailto:info@campanytownlasvegas.org) or call the Director, Rico Ocampo at 702-722-8517 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 a future camp.

\_\_\_\_\_ I understand that Camp Anytown is a drug-free and tobacco-free program and there will be no smoking or vaping devices allowed on the bus or at Camp Anytown at any time. Failure to comply with this rule will result in my dismissal from camp.

\_\_\_\_\_ I understand that Camp Anytown is a technology free space and I agree to give up my cell phone during my time at camp. There is no cell reception at camp, however, there is a landline available for emergency use only.

**Applicant Signature** \_\_\_\_\_

**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 their 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** \_\_\_\_\_

**All applications must be emailed to [info@campanytownlasvegas.org](mailto:info@campanytownlasvegas.org) or faxed to 702-534-5586 Attn: Rico Ocampo**