

2017 Camp CommUNITY® Delegate Application

The Multicultural Alliance promotes inclusion, diversity and understanding while working toward eliminating bias, bigotry and oppression in our community.

Since 1982, Camp CommUNITY has empowered thousands of young people to create more inclusive and just communities where everyone is treated with respect and understanding. Camp CommUNITY is a five-day, sleep-away leadership experience which brings together high school students from various backgrounds, beliefs, experiences and opinions. Camp CommUNITY is for current student leaders and for students who have leadership potential. Students currently (Winter/Spring 2017) in 10th, 11th or 12th grade are eligible to apply.

How to apply?

- Can you attend the entire week of **Camp CommUNITY 2017, June 28 to July 2**:
Camp CommUNITY is a five-day, sleep-away camp. The expectation is that you commit to the entire week of camp. If this expectation is impossible, we regret you are unable to attend Camp CommUNITY. If you can remain the entire week, please continue.
- Read the Camp CommUNITY 2017 Brochure
- Part 3B of this application needs to be completed by a caring adult (for example: teacher, counselor, clergy, mentor, after-school leader) who recommends and endorses you to attend Camp CommUNITY.
- The cost is \$325. Enclose a required non-refundable \$25 check with your application, payable to: Multicultural Alliance. There will be a balance of \$300.
- Complete the full application (pages 2 through 8) and submit **by May 1**.
 - If past the deadline, please contact Adena at MCA to see if there are still spots available.
 - Once we no longer have spots, we will place applicants on a waitlist. Applicants will be notified, if a spot becomes available.

Applicants applying by May 1, will be notified by May 15. Students who attend Camp CommUNITY are called Delegates. In June, Delegates will receive information about where to meet the bus, what to bring, and how to prepare for Camp CommUNITY.

For questions contact Adena: 817-332-3271, adena@mcatexas.com

Return completed application to adena@mcatexas.com, 817-332-3272 (fax) or mail to:

Adena Cytron-Walker
Multicultural Alliance
500 West Seventh Street, Suite 1707, Unit 15
Fort Worth, Texas 76102



Part One – Required Information (some of the student information will be used to create camp roster)

Applicant Information:

Name _____
Last (include pronunciation) First

Middle Preferred Name /Nickname (include pronunciation)

Address _____

City _____ State _____ Zip _____

Home phone () _____ - _____ Cell phone () _____ - _____ Birthday _____
Month and Day

Email _____

Current School _____

Current Grade - 10th 11th 12th T-Shirt Size: _____

Parent(s)/Guardian(s) Information:

Parent(s) or Guardian(s) Name _____

Parent(s) or Guardian(s) Name _____

Language(s) spoken in the home: _____

Address (if different from Applicant) _____

Parent/Guardian Home phone () _____ - _____

Parent/Guardian Cell phone () _____ - _____ Parent/Guardian Work phone () _____ - _____

Parent/Guardian E-mail _____

Part Two – Requested Information (Optional)

To ensure diversity at Camp CommUNITY, please complete the following information.

Race/Ethnicity _____ Gender/Biological Sex _____

Faith/Spirituality/Religion _____

Part Three A – Signatures and Endorsements

Parent/Guardian, by signing below the Applicant has your permission to apply. And if accepted, attend Camp CommUNITY - **June 28 through July 2, 2017.**

Printed Name Signature Date

Please return completed application to:
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817-332-3272(f) adena@mcateexas.com

Office use:
Date: _____
Status: _____
Registr.: _____
Balance: _____
Payment: _____
Scholarship: _____



Applicant Name _____

Part Three B – Signatures and Endorsements (Use a separate sheet, if necessary)

Caring Adult (non-parent/non-guardian), by signing below you are endorsing the Applicant, named above, to attend Camp CommUNITY.

Print Name School/Agency/Organization Title/Position

Relationship to Applicant Email Phone Number

Comments about applicant attending the camp:

Signature Date

Part Four – Is there anything else you would like us to know about yourself?
(Use a separate sheet, if necessary)

Part Five – Payment

The total cost of Camp CommUNITY is \$325. Limited financial assistance is available. A \$25 non-refundable registration fee is required in order for this application to be processed. The \$25 registration fee is credited to the total cost of \$325, and a balance of \$300 remains.

Please make your check or money order payable to: Multicultural Alliance.

- Check all that apply: required non-refundable \$25 fee enclosed
- partial need-based financial scholarship requested in the amount of \$_____

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Applicant Name

Part Six – Release Form

The current Applicant, will become a Delegate if accepted to attend Camp CommUNITY (hence there are times the student is referred to as an Applicant or as a Delegate).

Health and Well-Being Release

- The health history (pages 6 – 8) is correct and complete, to the best of my knowledge.
- The Applicant has permission to engage in all program activities (except as noted).
- In the event the Delegate requires routine or emergency healthcare, mental health treatment, or medication, I hereby give my permission to the attending licensed nurse/medical technician/health care officer/provider and/or physician to provide or order such care as may be deemed necessary for the health, well-being, and safety of the Delegate.
- I consent to have the Delegate transported to a medical facility and to the signing of any releases by MCA/Camp CommUNITY representatives that may be required by any medical care provider.
- I have provided correct phone numbers and other pertinent information on this form, so that the Multicultural Alliance staff may notify me in case of emergency, illness or injury. I understand that every effort will be made to notify me in an event of an emergency, illness, or injury.
- In the event that I cannot be reached in an emergency, I hereby give permission to the medical personnel selected by the MCA Vice-President of Programs to secure and administer treatment, including hospitalization, for the Delegate.

Marketing Release

The Multicultural Alliance has my permission, without review, financial or other obligation, to use any recordings or other depictions (whether by sounds, video, photography or other means) or testimonials (written or verbal) by the Delegate or any family member for the purpose of promoting Camp CommUNITY and/or the Multicultural Alliance. I hereby release the Multicultural Alliance, its officers, board members, volunteers, agents, employees, licensees and assigns from claims that I or the Delegate have, or might have, now or in the future, for any cause of action arising out of the taking and/or use of photographs, sound/image recording or other depictions.

- I DO consent and agree to the marketing release terms mentioned above.
- I DO NOT consent or agree to the marketing release terms mentioned above.

Note: Surveys may be administered for educational and funding purposes. Survey responses are anonymous.

Continue to page 5 ☺



Applicant Name _____

Delegate Participant Agreement

- I agree that I may not come late, leave early, or leave for any period during Camp CommUNITY.
- The parent(s)/guardian(s) and Delegate take full responsibility for loss or damage to property.
- The Camp CommUNITY and MCA staff have made an effort to ensure a safe environment and for Camp CommUNITY and any other Multicultural Alliance sponsored activities.
- I hereby release and agree to defend, indemnify and hold harmless, Collin County Adventure Camp, the YMCA of Metropolitan Dallas and the Multicultural Alliance, and its officers, board members, volunteers, agents, employees, and/or licensees (collectively the “MCA Group” from any and all liability for damages, claims, demands, causes of action and costs (including attorneys’ fees), arising out of personal injury or death or for damage or destruction of personal property, regardless of the cause of fault of such injury, death, or damage and regardless whether such injury, death or damage is the result of the sole or concurrent negligence, fault or strict liability of any member of the MCA group.
- To ensure a safe and meaningful camp experience, there are expectations of appropriate camp behavior – including: no alcohol, tobacco, drugs, weapons, sexual relations of any kind or sneaking out, and full participation in all camp activities.
- The camp reserves the right to send a Delegate home for any reason deemed in the best interest of camp, including, but not limited to behavioral or health concerns. If circumstances necessitate a Delegate leave camp, the Delegate will be sent home at their own expense and are not eligible for any refund. The Delegate and their parent(s)/guardian(s) are responsible for transportation of returning home, any and all damages caused by actions of the Delegate, and any other related and associated expenses.

I read, understand and agree to the Health and Well-Being Release, the Marking Release and the Participant Agreement provided

Applicant’s Name	_____
Applicant’s Signature	_____
Parent/Guardian Name	_____
Parent/Guardian Signature	_____ Date _____

Part Seven – Health History and Medical Form

The Multicultural Alliance cares for each Delegate. This information is gathered to identify appropriate care for the Applicant/Delegate. It has no bearing on whether or not an Applicant is accepted to attend Camp CommUNITY. Any changes to this form should be provided to the MCA Vice-President of Programs, Adena Cytron-Walker, prior to the Delegate’s attendance at Camp CommUNITY. Please make sure to provide detailed, complete and accurate information so that the staff members are aware of the Applicant’s needs. The Heath History and Medical form is confidential and kept on-site with the medical personnel/health care officer during Camp CommUNITY.

Continue to next page to complete Heath History



Health History and Medical Form

Name
Address
City State Zip
Phone Number Date of Birth

Medical Information

In case of an emergency, contact:

Parent/Guardian Name
Home Phone () Work/Cell Phone ()
Personal Physician Physician Phone ()
Please name two other emergency contacts.
Name
Relationship Phone Number ()
Name
Relationship Phone Number ()

For any of the following, if you require additional space, please attach a second sheet of paper.

All immunizations required for school are current: [] Yes [] No

Date of last Tetanus Shot: (month/year)

Does the Applicant require any special or unique accommodations?

[] No [] Yes, please explain:

[] Additional Information Attached

Does the Applicant have any dietary restrictions or dietary concerns?

[] No [] Yes, please explain:

[] Additional Information Attached

Has the Applicant needed medical treatment or been hospitalized for illness within the last 12 months?

[] No [] Yes, please explain:

Table with 3 columns: Injury, Date (MM/YY), Treatment



Additional Information Attached

Applicant Name _____

Allergies

Drug/Medicinal Allergies

No Yes, please list all known allergies, reaction, and management to reaction:

Medication	Reaction	Management

Additional Information Attached

Food and Other Allergies

No Yes, please list all known allergies, reaction, and management to reaction:

Food/Allergen	Reaction	Management

Additional Information Attached

Medications

When needed and available, the medical personnel/health care officer may access to the following medications at Camp CommUNITY Please **draw a line through** any medication the applicant is **UNABLE TO TAKE**.

- | | | |
|---|--------------------------------------|-----------------------------------|
| Loratadine (Claritin) | Cetirizine (Zyrtec) | Calcium Carbonate (Tums) |
| Diphenhydramine (Benadryl) | Bismuth Subsalicylate (Pepto-Bismol) | |
| Ibuprofen (Advil) | Acetaminophen (Tylenol) | Neosporin Antidiarrheal (Mylanta) |
| Cortisone | Calamine Lotion | Cough Drops (generic) |
| Dextromethorphan and Guaifenesin (Robitussin Cough Syrup) | | |
| Bug Bite treatment (After bite) | Poison Ivy Treatment | Saline/Eye drops |

Will the Delegate be bringing and taking any prescribed or over-the-counter medication including vitamins while attending Camp CommUNITY? ___Yes ___No

If Yes, please provide the following information:

OTC/Rx	Medication/Vitamin	Dosage Instructions
<input type="checkbox"/> OTC <input type="checkbox"/> Rx		
<input type="checkbox"/> OTC <input type="checkbox"/> Rx		
<input type="checkbox"/> OTC <input type="checkbox"/> Rx		
<input type="checkbox"/> OTC <input type="checkbox"/> Rx		

Additional Information Attached

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Applicant Name _____

Bring enough medication (over-the-counter, vitamins, prescriptions) for the entire duration of Camp CommUNITY. The medical personnel/health care officer/provider will collect medication when Delegates arrive and distribute all medications throughout the duration of camp. Please keep medication in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration. Please place all medications in a large Ziploc bag and place the Delegate's name on the bag with a permanent marker. If there are any special instructions, please write them on a piece of paper and place inside the Ziploc bag.

Does the Delegate take any additional prescriptions or over-the-counter medication that will NOT be with them at Camp CommUNITY?

No Yes, please provide the following information:

OTC/Rx	Medication/Vitamin	Dosage Instructions
<input type="checkbox"/> OTC <input type="checkbox"/> Rx		
<input type="checkbox"/> OTC <input type="checkbox"/> Rx		
<input type="checkbox"/> OTC <input type="checkbox"/> Rx		

Additional Information Attached

If not already mentioned on this form, describe any current physical, mental or psychological conditions requiring medication, treatment, special accommodations, or considerations while at camp:

Additional Information Attached

Please share any additional concerns or information that the staff should know:

Additional Information Attached

Insurance Information

Is the Delegate covered by medical/hospital insurance?

No Yes, please complete the following:

Carrier/Plan Name	_____
Group #	Delegate Member # _____
Insurance Company Address	_____
Insurance Company Phone	_____
Name of Policy Holder	_____
Relationship to Applicant	SSN or Member # _____

A photocopy of Applicant's current insurance card is attached.

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