



500 West 7th Street, Suite 1707, Unit 15,
Fort Worth, Texas 76102
817-332-3271 (voice) 817-332-3271 (fax)
use 711 for Relay Texas
www.mcatexas.com

2012 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 youth to create more inclusive and just communities where everyone is treated with respect and understanding. Camp CommUNITY is a five day residential leadership experience which brings together sophomore and junior high school students from various backgrounds, beliefs, experiences and opinions. All students who are entering into grades 11 and 12 as of August/September 2012 are encouraged to apply.

How to apply?

- Can you attend the entire week of Camp CommUNITY 2012, June 11 to June 15.
If you are able to stay the entire week, please continue.
- Read the Camp CommUNITY 2012 Brochure
- Complete the full application and fax or mail by May 2, 2012. The session will close when 54 youth have been selected.
- Each application needs to obtain a reference/endorsement by a caring adult (for example: teacher, clergy, mentor, after school leader) who recommends that you attend Camp CommUNITY and have them complete the allotted section of the application.
- Enclose a non-refundable \$25 commitment fee with your application, payable to: The Multicultural Alliance.

Applicants will be notified by **May 10, 2012 or sooner** of their status. Delegates will receive information about where to meet the bus, what to bring and how to prepare for the Camp CommUNITY experience by **May 25**.

“This camp experience was truly life changing and I cannot imagine anyone else touching my heart the way every single person at Camp CommUNITY did. I have a huge leadership position at my school and now know how to use it to the best of my ability.”
– 2010 Camp CommUNITY Delegate

For questions contact:
Adena Cytron-Walker
MCA Program Director
adena@mcatexas.com 817-332-3271

Return completed application to:

Adena Cytron-Walker
Camp CommUNITY
The Multicultural Alliance
500 West Seventh Street; Suite 1707 Unit 15
Fort Worth, Texas 76102
817-332-3272 fax
adena@mcatexas.com



Part One – Required Information

Name (include pronunciation) _____
Last First

Address _____
Middle Preferred Name /Nickname

City _____ Texas Zip _____ E-mail _____

Home phone () _____ - _____ Cell phone () _____ - _____

School you will be attending Fall 2012 _____

Grade as of September 2012 - 11 12 T-Shirt Size S M L XL XXL

Parent(s) or Guardian(s) Name _____

Language(s) spoken in the home: _____

Address (if different from above) _____

Parent/Guardian Home phone () _____ - _____

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

Parent/Guardian E-mail _____

Part Two – Requested Information

To ensure diversity at Camp CommUNITY, please complete the following information. This information will be kept anonymous.

Race/Ethnicity _____ Gender/Biological Sex _____

Faith/Spirituality/Religion _____

Does applicant have any special needs? _____ Yes _____ No

If yes, explain: _____

We ask for an explanation in order to make any necessary accommodations.

Part Three A – Signatures and Endorsements

Parent/Guardian, by signing below you acknowledge that your child is applying to attend the Camp CommUNITY residential program from June 11 through 15, 2012.

Printed Name Signature Date

Please return completed application to:

Adena Cytron-Walker
Camp CommUNITY
The Multicultural Alliance
500 West Seventh Street; Suite 1707 Unit 15
Fort Worth, Texas 76102
817-332-3271(t) 817-332-3272(f)
adena@mcateexas.com www.mcateexas.com

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



Applicant Name _____

Part Three B – Signatures and Endorsements

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

School/Agency/Organization

Title/Position

Relationship to Applicant

Phone Number

E-mail

Comments about applicant attending the program: _____

Print Name

Signature

Date

Part Four – Mandatory Questions for Applicant
Why do you want to go to Camp CommUNITY? (You may use a separate sheet if necessary)

Part Five – Payment

The total cost of Camp CommUNITY is \$300. Limited financial assistance is available. A \$25 non-refundable registration fee is required in order for your application to be processed. The \$25 registration fee is credited to the total price of \$300.

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

Check all that apply: non-refundable \$25 fee enclosed

partial need-based financial scholarship requested in the amount of \$ _____



Health History and Medical Release Form

This information is gathered to assist in identifying appropriate care for the Applicant. 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 Program Director, Adena Cytron-Walker, prior to the Applicant's involvement in Camp CommUNITY. Please make sure to provide detailed, complete and accurate information so that the staff members are aware of your child's needs. This form is confidential and kept on-site during Camp CommUNITY with the medical personnel. It will be shredded after Camp CommUNITY 2012.

Name			
Address			
City	State	Zip	
Phone Number			

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.

Does the applicant have any physical limitations that might restrict participation in activities?

No Yes, please explain:

Additional Information Attached

Has the applicant been injured and needed medical treatment within the last year?

No Yes, please explain:

Injury	Date (MM/YY)	Treatment
	/	
	/	
	/	
	/	

Additional Information Attached



Applicant Name _____

Has the applicant been hospitalized for illness within the last year?

No Yes, please explain:

Illness/Reason	Date (MM/YY)	Treatment
	/	
	/	
	/	
	/	

Additional Information Attached

Is the applicant presently undergoing professional counseling or therapy?

No Yes, please explain:

Allergies

Drug Allergies

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

Medication	Reaction	Management

Additional Information Attached

Food Allergies

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

Food	Reaction	Management

Additional Information Attached

Other Allergies

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

Allergen	Reaction	Management

Additional Information Attached



Applicant Name _____

Medications

Does this Applicant take medications on a routine basis? ____ Yes ____ No

Please list any **over-the-counter** or **prescription** medications routinely taken.

Will the applicant be taking any prescribed or over-the-counter medication while attending Camp CommUNITY?
____ Yes ____ No

If Yes, please provide the following information:

OTC/Rx	Medication	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

Bring enough medication for the entire duration of Camp CommUNITY. The medical personnel will collect and handle all medicine and distribute it throughout the duration of camp. Please keep medicine 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 applicant's name on the bag with permanent marker. If there are any special instructions please write them on a piece of paper and place inside the Ziploc bag.

Please disclose any other health concerns and managements that the staff should be aware of:

Additional Information Attached

Please disclose any concerns or information that the staff should be aware of:

Additional Information Attached



Applicant Name _____

Insurance Information:

The Multicultural Alliance cares for the medical safety and security of each participant. The following information helps us in making sure we can give the best medical attention possible, in case of an incident. In the event of an accident, the Multicultural Alliance’s secondary insurance will provide supplementary coverage to your primary insurance.

If possible, please include a photocopy of the Applicant’s current health insurance card.

Is the participant covered by family 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 Delegate’s current insurance card is attached.

Emergency Release Agreement

Parent/Guardian: Please initial next to each statement, and sign at the bottom of this form. For the safety of all participants, without these permissions your child will not be allowed to attend camp.

- _____ This health history is correct and complete to the best of my knowledge.
- _____ The person herein described has permission to engage in all program activities except as noted.
- _____ In the event of an accident or illness, which requires emergency medical care, I hereby 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 person of whom I am legal guardian).
- _____ I consent to have my child transported to a medical facility and to the signing of any releases by Camp CommUNITY representatives that may be required by any medical care provider.
- _____ In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the Directors to secure and administer treatment, including hospitalization, for the person named above.
- _____ I have provided phone numbers and other pertinent information on this form, so that The Multicultural Alliance staff may notify me in case of emergency. I understand that every effort will be made to notify me in an event of an emergency.
- _____ All medical and personal information will remain strictly confidential. This information will only be shared with persons or agencies involved in medical treatment of my child, and only in the event that such treatment is necessary.

Applicant’s Name	_____		
Applicant’s Date of Birth	____/____/____	Applicant’s SSN	____-____-____
Parent/Guardian Name	_____		
Parent/Guardian Signature	_____	Date	_____

Liability Waiver

The staff and directors of Camp CommUNITY have made every effort to ensure a safe environment at camp as and for any Multicultural Alliance/Camp CommUNITY sponsored activities outside of the week of camp. I understand that in the event of an accident, The Multicultural Alliance does provide insurance which will be considered secondary to my own insurance coverage. I hereby release The Multicultural Alliance, its officers, board members, volunteers, agents, employees, and/or licensees from any liability arising due to accident or misconduct.

Parent/Guardian Name	_____	Relationship	_____
Parent/Guardian Signature	_____	Date	_____



Applicant Name _____

Media Release

I am the Parent or Legal Guardian of _____, who will be participating in Camp CommUNITY, which is sponsored by The Multicultural Alliance. I understand that my child, along with other participants and/or Camp CommUNITY staff, volunteers or representatives, may be interviewed, may provide written or oral statements, and/or may be photographed, recorded on film, audio tape, videocassette, or other visual and sound, computerized, telephonic, voice-mail or tape media (“photographs and/or sound/image recordings”) by The Multicultural Alliance and/or other organizations approved by The Multicultural Alliance. I hereby consent to the foregoing and grant permission, without reservations, to The Multicultural Alliance and/or sponsors approved by The Multicultural Alliance to generate, prepare, advertise, describe and/or publicize The Multicultural Alliance and its work, good will, public education and/or fundraising activities, disseminate, otherwise use and comment upon the photographs and/or sound/image recordings as they may determine, without review by me or my child and without financial or other obligation of any nature to me or my child. I release The Multicultural Alliance, its officers, board members, volunteers, agents, employees, licensees and assigns claims that I or my child may have, or might have, for any cause of action arising out of taking and/or use of photographs and/or sound/image recording as set forth herein.

_____ I DO consent and agree to the media release terms mentioned above.

_____ I DO NOT consent or agree to the media release terms mentioned above.

Note: All Delegates will take a survey before camp and a survey at the end of camp. The results from these surveys will be utilized for educational and funding purposes. Surveys will be confidential and Delegates will not be asked to write their names on their surveys.

Parent/Guardian Name	_____	Relationship	_____
Parent/Guardian Signature	_____	Date	_____

Camp CommUNITY Expectations

To ensure a safe camp experience, there are expectations of appropriate camp behavior, including participation in all camp activities. Any Delegate who displays inappropriate behavior may be disciplined or removed from Camp CommUNITY, as determined by camp staff. This decision will be final and will not be eligible for review. Any Delegate who is removed from the program will be sent home at their own expense and is not eligible for any fee or other refund. The Delegate and their parent(s)/guardian(s) are responsible for the cost of returning them home, any other associated expenses, and for any and all damages caused by their actions.

Parent/Guardian’s Statement

I have discussed the conditions stated above with my child. I understand that display of inappropriate behavior will result in disciplinary action and their dismissal from camp at my own expense, and without refund of camp fees.

Signature	_____	Date	_____
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Applicant’s Statement

I understand that if accepted to Camp CommUNITY, my participation in camp obliges me to abide by the code of conduct established by Camp CommUNITY. I have discussed the above conditions with my parent(s)/guardian(s). I agree to behave appropriately and understand that failure to do so may result in disciplinary action and/or dismissal at my parent(s)/guardians(s) expense and without refund of camp fees.

Signature	_____	Date	_____
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