

Las Vegas Sun Summer Camp Fund Application

Name _____ M/F _____ Date of Birth ___/___/___

Address _____ Cell Phone _____

City _____ Zip Code _____ Grade (in Fall) _____ School _____

Indicate any present membership in: _____ **Boys & Girls Clubs of Southern Nevada** _____ **YMCA**

_____ **Boy Scouts** _____ **Girl Scouts** _____ **Cub Scouts** Troop # _____

_____ **Salvation Army** _____ **Other** _____

Any previous camp experience? _____ Which Camp? _____ Year? _____

Number of brothers and sisters? _____ Will they be applying for a Sun Campership? _____

(Las Vegas Sun Scholarships apply to ages 8yrs – 14 yrs old)

Mother's Name _____ Address _____

Place of Employment _____ Occupation _____

Weekly Income _____ or Semi-Monthly _____ or Monthly _____ or Annual _____

Father's Name _____ Address _____

Place of Employment _____ Occupation _____

Weekly Income _____ or Semi-Monthly _____ or Monthly _____ or Annual _____

Are you receiving government aid? _____ Yes _____ No

Type? _____ **FOSTER CARE** _____ **DCFS** _____ **S.S.** _____ **UNEMPLOYMENT**

Foster Parent Name _____

(Income information does not have to be provided for Foster Parents)

IMPORTANT COMMENTS: Camper, Agency Personnel, or Parent, please explain why you think campership should be given. This information will be taken into consideration along with income.

NOTE TO APPLICANT AND PARENTS: It is recommended that the camper make an effort to earn part of his/her camping expenses or the parents pay partial fees when possible. Parents are also asked to provide clothing for campers and spending money if required.

HOW MUCH CAN YOU PAY? _____ **SIGNATURE** _____ **DATE** _____

Final selection of campers will be made by the respective camping agencies. Neither the *Las Vegas Sun*, nor the *Las Vegas Sun Camp Fund* shall be responsible for any injury that may be incurred by recipient of a *Sun Camp Fund* Campership during a camping session or while being transported to and from camp.

I, _____, parent/legal guardian/foster parent of _____

SIGNATURE

CAMPER

have read the above statement and give permission for him/her to attend camp.

REQUIRED SIGNATURE OF CASEWORKER FOR FOSTER CHILD

PRINT CASEWORKER NAME

PHONE NUMBER

RETURN TO:

BOYS & GIRLS CLUBS OF SOUTHERN NEVADA

ATTN: SUN CAMP

2850 Lindell Rd.

Las Vegas, NV 89146

DO NOT WRITE IN THIS SPACE

Date approved _____ Fee _____

Camp _____

Date paid _____

Las Vegas Sun Summer Camp Fund

HEALTH HISTORY FORM

This form to be filled in by parent, foster parent, or legal guardian of child attending camp

NAME _____ BIRTHDATE _____ SEX _____ AGE _____
Last First Initial

PARENT, FOSTER PARENT,

OR LEGAL GUARDIAN NAME _____ PHONE _____
(Area Code) and Number

HOME ADDRESS _____
Street and Number City State Zip Code

IF NOT AVAILABLE IN AN EMERGENCY – NOTIFY:

1. _____ PHONE _____
Street and Number City State Zip Code

Or: 2. _____ PHONE _____
Street and Number City State Zip Code

HEALTH HISTORY (Check, giving approximate dates)

Ear infections _____	ALLERGIES	Chicken Pox _____
Rheumatic Fever _____	Hay Fever _____	Measles _____
Seizures _____	Ivy poisoning, etc. _____	German Measles _____
Diabetes _____	Insect stings _____	Mumps _____
ADD/ADHD _____	Penicillin _____	Asthma _____
	Other _____	

Operations or Serious Injuries (dates) _____

Chronic or Recurring Illness _____

Other diseases or details of above _____

Please list current medications: _____

Any specific activities to be encouraged? _____

Any specific activities to be restricted? _____

IMPORTANT: Please notify the camp if this camper is exposed to any communicable disease during the three weeks prior to camp attendance. Comments from Parents _____

- Camper must bring immunization record
- Parent, foster parent, or legal guardian must sign authorization form for physical and camp.

Parent, Foster Parent, or Legal Guardian Authorization

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities, except as noted by me and the examining physician.

In the event I cannot be reached in an EMERGENCY, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and to order anesthesia, or surgery for my child, as named above.

SIGNATURE _____

Date _____