



Please return application to:
 Community Tampa Bay™
 1499 Beach Drive SE Suite C
 St. Petersburg, FL 33701
 P 727-568-9333 F 727-568-0533
www.communitytampabay.org
kholloway@communitytampabay.org

ANYTOWN™ APPLICATION

Nationally recognized and locally supported, ANYTOWN™ is the area’s premier youth leadership and diversity education program. Since 1991 we have empowered thousands of young people to create more inclusive and just schools and communities where everyone is treated with respect and understanding. ANYTOWN™ begins each summer with an intensive residential program and continues for a year through the Be Intentional Institute with ongoing opportunities for service and leadership development utilizing the skills and attitudes developed at ANYTOWN™. Community Tampa Bay™ brings together a diverse mix of students and staff from a wide variety of backgrounds to create each delegate class. **All students meeting the age requirement (ages 14-18) or entering grades 9- 12 are encouraged to apply.**

How do I apply?

- Complete the full application (application form, consent and releases, medical releases, application fee) and return via email, fax or mail by **April 30, 2012** or until each session is filled. Each session will close when 60 youth have been selected. **Please note required signature pages 4, 5, 6, 7 for Applicant and Parent/Guardian.**
- Each participant pays \$125 toward the cost of the program. Enclose a non-refundable \$25 application fee with your application, payable to Community Tampa Bay. When you receive your acceptance packet by mail, the final \$100 commitment fee is due. Waivers are granted upon request in cases of need or hardship. Call the office for more information. **Incomplete applications will not be considered.**
- **Parent Information Sessions are recommended but optional. Call to confirm a seat for the session you plan to attend.** All sessions are 4:00-6:00pm. 727-568-9333.

Children’s Board of Hillsborough County office	Tampa	April 16 May 14
Community Tampa Bay office	St. Petersburg	April 25 May 30 June 13 July 16

- **Please note the ANYTOWN™ Be Intentional Institute program dates on your calendar. ANYTOWN™ graduates are expected to attend. There are no additional fees for the Be Intentional Institute.**

7 Habits of Highly Effective Teens:	Saturday, August 18, 2012
Foundations of Dialogue Workshop:	Saturday, September 22, 2012
Cross-Cultural Interactions Workshop:	Saturday, November 17, 2012
ANYTOWN™ Reunion:	Saturday, December 15, 2012
Conflict Mediation Workshop:	Saturday, January 12, 2013
Facilitation Workshop:	Saturday February 23, 2013

OPTIONAL--Participation in weekly teen groups in Pinellas or Hillsborough county and completion of service projects/hours with support and mentoring from Community Tampa Bay.

“Anytown is one of the best things that has happened to me. I have learned so much that I am excited to go out into the world and use the tools I gained and put them to use to end discrimination.”
 -David Velasquez, ANYTOWN™ Graduate 2011



Participant Application

Community Tampa Bay's mission is to promote dialogue and respect among all cultures, religions and races by cultivating leaders to change communities.
 We envision a community free from discrimination in which every individual is treated with dignity and respect.

GENERAL APPLICATION INSTRUCTIONS

Please print clearly and legibly. All questions must be answered factually and completely. Mark "N/A" to any question that does not pertain to you. Do not leave any questions blank. Remember to sign the application in the space provided at the end of the form. Any participant under the age of 18 must have parent consent and signature.

Name of Applicant (First, Middle, Last) _____

Date of Birth: _____ (month/ day/ year) Social Security # _____

Address _____ City _____ State _____ Zip _____

County _____ Home Phone (_____) _____ Cell Phone (_____) _____ Can Receive Text? Y__ N__

Student's Email Address _____ Alternate Email Address _____

Best way to reach you? (circle) Home Phone Cell Phone Texting Email Facebook Other

Parent(s) or Guardian(s) Name _____

Address (if different from above) _____

Home Phone (_____) _____ Cell Phone (_____) _____ Can Receive Text? Y__ N__

Work Phone (_____) _____ Ext. _____ Parent's Email Address _____

Best way to reach you? (circle) Home Phone Cell Phone Texting Email Facebook Other

Please list TWO other emergency contacts:

Name: _____ Relationship: _____ Phone: (_____) _____

Name: _____ Relationship: _____ Phone: (_____) _____

PROGRAM APPLYING FOR: Indicate 1st and 2nd choice of weeks--

ANYTOWN™ Residential-- June 24-28, 2012; _____ July 8-12, 2012; _____ July 22-26, 2012 _____

Has Applicant Previously Attended Our Residential ANYTOWN™ Program? Yes _____ No _____
 If so, when? _____

T-Shirt Size: (circle one) S M L XL 1X 2X 3X

HOW DID YOU HEAR ABOUT US? Please mark all that apply.

friend family member school teacher school administrator program at school

community organization Community Tampa Bay™ website Internet search Facebook, Twitter, other social media

other (please specify) _____ Can you name the individual who introduced you to us? _____

HEALTH HISTORY AND MEDICAL RELEASE FORM

The information on this form is not part of the Applicant acceptance process. This information is gathered to assist in identifying appropriate care for the Applicant. All medical information is confidential. This form must be completed by the parent(s)/guardian of minors and by any adult volunteer or program Applicant. Keep a copy of the completed form for your records. Any changes to this form should be provided to the Director of Programs prior to the Applicant's involvement in the residential program. Please make sure you provide detailed, complete and accurate information so that the staff members are aware of your child's needs. This form is kept on-site during the program.

INSURANCE INFORMATION

Is the Applicant covered by family medical/hospital insurance? ___ Yes ___ No Group # _____

If YES, indicate the insurance carrier/plan name: _____

Insurance company address: _____

Name of policy holder (if other than applicant): _____

Relationship to Applicant: _____

Social Security number of policy holder or insurance ID number: _____

Does the applicant have physical or psychological limitation that could restrict participation in program activities? ___ Yes ___ No

If yes, please explain:

What reasonable accommodations could Community Tampa Bay provide or be prepared for to allow the applicant to have the best experience possible?

Please explain: _____

Other relevant medical conditions that program staff should know about (e.g. asthma, diabetes, etc.)?

When did the applicant last receive a Tetanus Shot? Date: _____

Has the applicant been injured and needed medical treatment within the last year? Yes ___ No ___

If yes, explain: _____

Is the applicant presently undergoing professional counseling or therapy? Yes ___ No ___

If yes, explain: _____

ALLERGIES	REACTION	HOW DO YOU MANAGE THIS?
Medication:		
Food:		
Environment:		
Other:		

Dietary Restrictions? _____

MEDICATIONS:

Please list all medications (including over-the-counter or nonprescription drugs) taken routinely. Bring enough medication to last the entire duration of the program. Keep it 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.

Does this applicant take medications on a routine basis? ___ Yes ___ No

Will the applicant be taking any prescribed or over-the-counter medication during the program? ___ Yes ___ No

If YES please provide the following information: (Attach additional pages for more medications.)

Medication _____ Dosage _____

Specific times taken each day _____ Reason for taking _____

Identify any medications taken during the school year that Applicant does/may not take during the summer: _____

AUTHORIZATION TO ADMINISTER MEDICATIONS

We carry the following over the counter medications at ANYTOWN™. Please check the medications your child MAY receive as needed or check the first box if any medicine on this form can be provided:

All medicine listed below may be administered as needed

- Vicks Nyquil liquid (active ingredients: acetaminophen, dextromethorphan, doxylamine succinate, pseudoephedrine)
- Vicks Dayquil liquid caps (active ingredients: acetaminophen, dextromethorphan, doxylamine succinate, pseudoephedrine)
- Antibacterial- hand towel GERM-X (active ingredient: ethyl Alcohol)
- Cortizone 10
- Calamine Spray (active ingredient: calamine, camphor, and benzocaine)
- Bengay (active ingredient: menthol)
- Triple Antibiotic ointment (active ingredients: bacitracin zinc)
- Burn Cream (active ingredients: phenol, allantoin, benzyl alcohol, and benzocaine)
- Burn Spray (active ingredient: Lidocaine)
- Visine-advance relief (active ingredient: Dextran)
- Kanka-mouth pain (active ingredient: benzocaine)
- Alka-Seltzer (active ingredient: anhydrous citric acid, aspirin, and sodium bicarbonate)
- Pepto-Bismol (active ingredient: bismuth subsalicylate)
- Benadryl Allergy (active ingredient: diphenhydramine)
- Claritin Clear (active ingredient: laratadine)
- Acetaminophen
- Aleve (active ingredient: naproxen sodium)
- Midol (active ingredient: acetaminophen, caffeine, pyrilamine maleate)
- OFF Bug spray (active ingredient: deet)
- Cough Drops (active ingredient: menthol)

PARENT/GUARDIAN MEDICATION AUTHORIZATION:

I, parent or guardian of _____ (the "Applicant") expressly authorizes any Community Tampa Bay™ representative to administer to the Applicant the medications I have listed in the Community Tampa Bay™ Application that was submitted by the Applicant or checked on the list above. All medication prescribed or over the counter must be given to counselors upon arrival.

I further authorize and grant permission for any Community Tampa Bay™ representative to contact the prescribing physician(s) (or his/her designee) for such medication(s) in order to exchange information concerning the medication(s) listed in the Community Tampa Bay™ Programs Application.

The information provided on this form is correct and complete to the best of my knowledge, and I authorize the release of the medical information on this form as is pertinent to my child's condition. Moreover, the applicant has permission to engage in program activities except as noted on this "Health History and Medical Release Form.

Signature _____

EMERGENCY RELEASE AGREEMENT

A parent /guardian MUST sign this emergency release agreement for any Applicant or volunteer who is younger than 18 years old.

Permission to Provide Necessary Medical Treatment or Emergency Care:

If any accident, injury or illness occurs which, in the sole judgment of Community Tampa Bay™ representatives, requires immediate medical attention, I hereby consent for any Community Tampa Bay™ representative to obtain such emergency treatment, including hospitalization. I further consent to have my child transported to a medical facility and to the signing of any releases by Community Tampa Bay™ representatives that may be required by any medical care provider. I understand that every effort will be made to notify me in the event of an emergency. In the event I cannot be reached in an emergency, however, I hereby expressly give permission to the physician or medical facility selected by the Executive Director or Director of Programs to secure and administer treatment, including hospitalization. The medical information I have provided above is complete and accurate to the best of my knowledge.

Signature _____

PROGRAM PARTICIPATION CONSENT AND RELEASE FORM

PLEASE READ THIS FORM CAREFULLY BEFORE SIGNING. *If the applicant is under 18 years of age, BOTH the applicant and his/her parent/guardian must sign.* If either signature is missing, the application **will not be processed.**

In consideration for Community Tampa Bay's arranging this opportunity to participate in ANYTOWN™ and having read and understood this consent and release form, I (parent/guardian)_____ hereby agree to the following:

I understand that ANYTOWN™ is a youth leadership and diversity education program that deals with mature subject matters. Discussion topics may include values clarification, self-reflection, stereotypes and prejudice, interpersonal communication, identity, racism, sexism, homophobia, classism, power and privilege, and other issues of social justice. My/my child's participation in ANYTOWN™ is entirely voluntary and I am/my child is under no obligation to take part in the program. I realize that the ANYTOWN™ program is exclusively under the auspices of Community Tampa Bay and is their sole responsibility although the program is located on the Eckerd College campus.

I understand that Participants may find ANYTOWN™ to be an emotional experience. Throughout the program, Participants may experience confusion, anger, joy, sadness, frustration, hope and other emotions as they learn about the impact discrimination has on the lives of individuals. I affirm that I/my child has no known mental or emotional disorders or sensitivities that would interfere with participation and that I/my child is capable of handling the subject matter and emotional nature of this program.

I agree to inform Community Tampa Bay of any changes in my/my child's medical information as stated in the Health History and Medical Release Form. I understand that in an emergency situation, there is a possibility that I/my child may be driven by Community Tampa Bay employees, volunteers or representatives if the situation would warrant it. I also understand that, although Community Tampa Bay has used great care to provide organization, supervision, instruction, and equipment for each activity, it is impossible for Community Tampa Bay to guarantee Participants' absolute safety. I acknowledge that each Participant shares the responsibility for making an activity a safe experience for all Participants through appropriate behavior and conduct. I/my child agree(s) to follow directions of the activity leaders at ANYTOWN™ and not deviate from the planned activities. I understand that Community Tampa Bay reserves the right to dismiss me/my child from ANYTOWN™ for any reason, including but not limited to, verbal and physical aggression against any ANYTOWN™ representative or other Participant, failure to follow safety or program instructions, or for any other disruptive behavior, if, in Community Tampa Bay's sole discretion, my/my child's continued participation would threaten the success of the program. If the Executive Director or Director of Programs must send my child home for any reason, I agree to pick up my child within four (4) hours of the Director's call. I understand that I may be called at any time of the night or day to arrange for my child's transportation home and that I will be responsible for all costs associated with such transportation.

I have fully investigated the nature of ANYTOWN™ and agree that I/my child will assume the risks of injury or damage that are inherent in any activity and that may occur as part of participation in the program. I understand that no insurance coverage may exist through Community Tampa Bay to cover any claims that may arise out of my/my child's participation in ANYTOWN™. I agree to bear all financial responsibility for any medical treatment arising from my/my child's participation in ANYTOWN™.

In consideration of the opportunity to participate in ANYTOWN™, I expressly agree and intend that my/my child's participation in ANYTOWN™ shall be undertaken at my/my child's own risk and that none of Community Tampa Bay™, its officers, directors, employees, lessors, volunteers, agents or assigns shall be liable for any losses, injuries, damages, claims, demands, actions or causes of action whatsoever which may arise out of or in connection with my/my child's participation in ANYTOWN™, whether from acts of passive or active negligence on my/my child's part, the part of Community Tampa Bay™, its officers, directors, employees, lessors, volunteers, agents or assigns, or the part of third parties. I do hereby forever release, waive, discharge covenant not to sue, and agree to indemnify and hold harmless Community Tampa Bay™, its officers, directors, employees, lessors, volunteers, agents and assigns (the "releases") for any such losses, injuries, damages, claims, demands, actions, or causes of action.

It is my express intent that this consent and release shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a release, waiver, discharge and covenant not to sue the above named Releases'. I agree that the terms of this consent and release form shall be construed in accordance with the laws of the state of Florida and that the exclusive jurisdiction and venue for any dispute arising between Community Tampa Bay™ and me involving this consent and release form shall be in the courts located in Pinellas County, Florida. In the event that any term or provision of this consent and release form is found to be unenforceable or void, in whole or in part, such term or provision shall be construed as valid and enforceable to the maximum extent permitted by law, and the balance of this consent and release form shall remain in full force and effect.

I understand that in order to prevent harm, maintain order and ensure the safety and well-being of all Participants and ANYTOWN™ representatives, I hereby expressly consent and give permission to Community Tampa Bay™ and the ANYTOWN™ representatives to enter and search my child's room or personal belongings when there is reasonable evidence of illegal or dangerous items (including but not limited to, weapons, knives, alcohol, illegal drugs, fireworks or explosives) or stolen property. To the extent possible, the Participant will be present during such a search by an ANYTOWN™ representative.

CELL PHONES: I understand that my child's safety and comfort are of the utmost importance to the staff of Community Tampa Bay™. Experience has shown the use of cell phones during the program is of direct interference with the program goal of promoting dialogue within the delegate class. **Therefore, cell phones should be left at home. All cell phones used, or seen, will be confiscated** and returned at time of departure and Community Tampa Bay™ is not responsible for any phone lost or stolen once the program begins. Program staff is available to parents by telephone in case of emergency. Staff contact information will be provided at parent information sessions. All parents/guardians will receive a confirmation call upon the safe arrival of their child at the program.

PERSONAL INFORMATION: *All participants receive as a gift, a printed roster with their peer's contact information to foster community networking and dialogue.* **INITIAL one:**

I DO grant permission for my/my child's name, phone number and additional contact information to be distributed to other Participants on the program roster.

I DO NOT grant permission for my/my child's name, phone number and additional contact information to be distributed to other Participants on the program roster.

PHOTO & VIDEO RELEASE: *All participants receive a complimentary group picture (& can purchase a DVD for the week).*

I understand that I/my child, alone or with other Participants and/or Community Tampa Bay™ staff members, 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 Community Tampa Bay™ and/or others approved by Community Tampa Bay™. I hereby consent to the foregoing and grant permission, without reservation, to Community Tampa Bay™ and/or those approved by Community Tampa Bay™, to use, disclose, disseminate, copy, comment on, and/or publicize (i) any photographs, written or oral statements, and/or sound or image recordings; and (ii) my/my child's name, age and city of residence, as Community Tampa Bay™ may determine in its discretion in connection with furthering its goodwill, public education, promotional and/or fundraising activities, without review or further consent by me or my child and without any monetary compensation to me or my child. I hereby release Community Tampa Bay™, its officers, directors, volunteers, employees, licensees, volunteers, agents and assigns from all claims that I or my child may have, or could in the future have, for any demand, claim, actions or causes of action arising out of the taking and/or use of the photographs and/or sound/image recordings as set forth herein:

This photo & video consent and release shall continue in effect in perpetuity without expiration or limitation. INITIAL one:

I DO grant permission, consent and agree to the above photo & video release terms for my/my child's recording/images.

I DO NOT grant permission, consent and agree to the above photo & video release terms for my/my child's recording/images.

EVALUATION: *Community Tampa Bay™ asks all participants to provide information that is used to evaluate its effectiveness and quality.* This information includes questions about program outcomes and impact, but does NOT include any information that allows us to specifically identify your child. Results of the evaluation are used to educate others on what promotes diversity awareness and self reflection in youth. On occasion, this includes the publication of evaluation results in professional and/or research publications. *Your child's participation is extremely helpful for us to ensure the quality of the ANYTOWN™ program and related efforts but is NOT required.*

Will you allow us to ask your child to provide us with the information described above? **INITIAL one:**

YES, I allow for my child to participate in evaluating the ANYTOWN™ program.

NO, I do not allow my child to participate in evaluating the ANYTOWN™ program.

PARENTS/GUARDIANS: I hereby grant permission for my child to participate in Community Tampa Bay™ programs and to complete evaluation questionnaires in connection with the program. In initialing this release, I acknowledge and represent that I have read the foregoing consent and release form, understand it, and initial it voluntarily, and, if signing as a parent/guardian, I affirm that I am at least 18 years of age and competent to sign this consent and release form.

Initial _____

FOR APPLICANTS: Applicant's Agreement to Abide by Restrictions

I, _____, understand and agree to abide by the restrictions placed on my activities during this program.

Initial _____

APPLICATION FEE

The full cost of the year long program is \$1700/youth. Each participant pays \$125 towards food and lodging for the 5 day, 4 night session, transportation, materials and T-shirt for their child. **\$25 is due with application (non-refundable). \$100 is due at acceptance (non-refundable). Waivers are available upon request.** Parent/guardian MUST call office to request. 727.568.9333

Community Tampa Bay™ is grateful for the community donations, corporate sponsorships and school and community support that make the program available to any youth, regardless of socio-economic status. Please select one option:

_____ \$25 non-refundable fee is enclosed (required of all applicants when application is submitted unless a waiver is requested). I will pay the remaining \$100 non-refundable confirmation fee once my child is accepted.

_____ In addition to the \$125 I will be donating an additional _____ in support of the program to enable more youth to participate.

_____ I will call the office to request a waiver. 727.568.9333

REFERENCE

Students must obtain the reference of a caring adult (a non-parent, for example: teacher, faith leader, mentor or after school leader) who recommends that you attend ANYTOWN™. Have them complete this section.

Name: _____

Position: _____ Phone: _____

Relationship to Applicant: _____

Comments about applicant attending the program (Can be attached):

We certify that all the information in this application is true:

Applicant's Name: _____

Applicant's Signature: _____ Date: _____

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____ Date: _____