



9535 International Court N.
St. Petersburg, FL 33716
Tel. (727) 568-9333 – Fax (727) 568-0533
www.communitytampabay.org

ANYTOWN APPLICATION AND PERMISSION PACKET

Community Tampa Bay, formerly known as NCCJ, promotes dialogue and respect among all cultures, religions and races. We strive for a community free from discrimination through education, advocacy and conflict mediation.

Since 1991, Community Tampa Bay's Anytown program has empowered diverse groups of young people to create more inclusive and just schools and communities where everyone is treated with respect and understanding.

Please complete this application. Feel free to contact a member of the Anytown Team at Community Tampa Bay with any questions you may have. Once your application is accepted, your space will be reserved, so please make a serious commitment! Applications are processed on a first-come, first-served basis: the sooner you turn in your application, the greater the likelihood you will be selected. Incomplete applications will not be accepted.

Thanks to generous funding by Pinellas County Schools and the Juvenile Welfare Board of Pinellas County, applicants only pay a **\$25 registration fee** (non-refundable) to participate in our nationally recognized youth leadership and diversity awareness program, Anytown. Please enclose the \$25 fee with your application (payable to Community Tampa Bay, indicating name of the applicant and "Anytown Pinellas" in the memo line). Waivers are granted upon request only.

Anytown Team

Jessica Estévez – Director of Programs (jestevez@communitytampabay.org)
Melissa Murchison-Blake – Program Specialist (mblake@communitytampabay.org)
Linda Gooding – Administrative Assistant (lgooding@communitytampabay.org)



APPLICATION AND PERMISSION FORM

PLEASE PRINT OR TYPE THIS INFORMATION AND RETURN TO:

Community Tampa Bay...the future of NCCJ
9535 International Court N. St Petersburg, FL 33716
TEL: (727) 568-9333 FAX: (727) 568-0533
www.communitytampabay.org

Please print *on all lines* except on lines where a signature is required.

Pinellas County Anytown Season 2006

Please rank in order of preference 1 - 3

Anytown: 05/21/06 - 05/25/06 [] Anytown: 06/11/06 - 06/15/06 []

Anytown: 07/09/06 - 07/13/06 []

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

BIRTHDAY: _____ (month/ day/ year) **SOCIAL SECURITY#** _____

School _____ E-Mail Address _____

Parent(s) or Guardian(s) Name _____

Address (if different from above) _____

Phone (Home) _____ (Work/Message) _____

Cell Phone: _____ Have you ever been to Anytown? _____ Yes _____ No

The information below is required by our funders for data collection purposes. Please choose the appropriate response.

1) **GENDER:** _____ FEMALE _____ MALE

2) **EXPECTED HIGH SCHOOL GRADUATION DATE:**
_____ 2007 _____ 2008 _____ 2009 _____ 2010

3) **ETHNIC/CULTURAL BACKGROUND:**
_____ White/ European American _____ Hispanic _____ Native-American _____ Multi-racial
_____ Black/African American _____ Asian/Pacific Islander _____ Other (Specify) _____

4) **FAITH OR RELIGIOUS AFFILIATION:**
_____ Atheist _____ Buddhist _____ Christian (Denomination: _____) _____ Hindu
_____ Islam _____ Jewish _____ Non-denominational
_____ Other Religion (specify) _____

5) **HOUSEHOLD ARRANGEMENT** (select one): _____ Dual Parent/Married _____ Other Relative/married
_____ Single Parent (mother/father) _____ Other non-relative _____ Other

6) **HOUSEHOLD INCOME** (select one): _____ \$0-9,999 _____ 10,000-19,999 _____ 20,000—29,999
_____ 30,000-39,999 _____ 40,000-49,999 _____ 50,000-and up _____ Unknown

7) **NUMBER OF INDIVIDUALS LIVING IN HOUSE:** _____ # of youth (under 18) _____ # of adults (over 18)

8) **SCHOOL LUNCH PROGRAM:** (select one) _____ FREE _____ REDUCED _____ NA

WHERE DID YOU HEAR ABOUT ANYTOWN? (please check all that apply)

_____ school teacher _____ school administrator _____ program at school
_____ friend _____ website _____ television/radio _____ other (please specify) _____

PROGRAM PARTICIPATION CONSENT AND RELEASE FORM

INSTRUCTIONS: The Anytown program (“Anytown”) is sponsored by Community Tampa Bay, Inc. (“CTB”). As part of the application process, it is important for you to have information about Anytown and to provide CTB with information about the applicant for participation in the program.

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 CTB's arranging this opportunity for me/my child to participate in Anytown and having read and understood this consent and release form, I hereby agree to the following:

I understand that Anytown is a youth leadership and diversity awareness program that deals with mature subject matters. I understand 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. I agree that my/my child's participation in Anytown is entirely voluntary and that I am/my child is under no obligation to take part in the program.

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 CTB 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 CTB employees, volunteers or representatives if the situation would warrant it. I also understand that, although CTB has used great care to provide organization, supervision, instruction, and equipment for each activity, it is impossible for CTB 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 CTB 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 CTB's sole discretion, my/my child's continued participation would threaten the success of the program.

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 CTB 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 CTB, 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 CTB, 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 CTB, ITS OFFICERS, DIRECTORS, EMPLOYEES, LESSORS, VOLUNTEERS, AGENTS AND ASSIGNS (the “Releasees”) 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 Releasees. 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 CTB 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.

For parents/guardians:

I hereby grant permission for my child to participate in the Anytown program and to complete evaluation questionnaires in connection with 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.

IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I HAVE READ THE FOREGOING CONSENT AND RELEASE FORM, UNDERSTAND IT, AND SIGN 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.

Participant's Name: _____

Participant's Signature: _____ Date: _____

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____ Date: _____

PROGRAM PARTICIPATION CONSENT AND RELEASE FORM
(CONTINUED)

Personal Information

Please check one of the following:

- ___ 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.

Participant's' Initials: _____

Parent/Guardian's Initials: _____

Photo Release

Please check one of the following:

- ___ I will be the participant and am over 18 years of age.
- ___ I am the parent or legal guardian of _____ ("my child"), who will be the participant.

I understand that I/my child, alone or with other participants and/or CTB 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 CTB and/or others approved by CTB.

I hereby consent to the foregoing and grant permission, without reservation, to CTB and/or those approved by CTB, 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 CTB 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 CTB, 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 consent and release shall continue in effect in perpetuity without expiration or limitation.

___ I DO consent and agree to the above photo release terms.

___ I do NOT consent or agree to any of the above photo release terms.

Name of Parent or Guardian (print): _____

Signature: _____

Relationship if Signing for a Minor: _____ Date: _____

Signature of Participant: _____

HEALTH HISTORY AND MEDICAL RELEASE FORM

The information on this form is not part of the participant acceptance process. This information is gathered to assist in identifying appropriate care for the participant. All medical information is confidential. This form must be completed by the parent(s)/guardian of minors and by any adult volunteer or program participant. 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 participant'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.

Applicant's Name (*Last, First Middle*): _____

Home Address: _____

Social Security #: _____ Birth Date: _____ Age: _____

Parent / Guardian's Name: _____

Home Language: _____ Cell/Alternate Phone: _____

Parent / Guardian's Daytime Phone: _____ Evening Phone: _____

Please list TWO other emergency contacts:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

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

If Yes, explain: _____

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

Allergies to Medication

List all known: _____

Describe reaction and management to the reaction: _____

Allergies to Food

List all known: _____

Describe reaction and management to the reaction: _____

Other Allergies -include stings, hay fever, asthma, animal dander, etc.

List all known: _____

Describe reaction and management to the reaction: _____

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 participant take medications on a routine basis?

Yes No

Will the applicant be taking any prescribed medication during the program? Yes No

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

Med. _____ Dosage: _____

Specific times taken each day _____ Reason for taking _____

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

Does the applicant have any of the following medical conditions? (Check all that apply)

- Asthma Allergies Convulsive Disorders HIV Positive
- Heart Problem Pulmonary Disorders Muscular-Skeletal Disorder Diabetes Mellitus
- Hepatitis Otitis Media Skin Infection Neurological Disorder
- Epilepsy Other issues the medical staff should be aware of? (Please elaborate)

Parent/Guardian Authorization

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: _____ Date: _____

Print Name: _____

Participant's Agreement to Abide by Restrictions

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

Signature: _____ Date: _____

MEDICAL EMERGENCY FORM

Insurance Information

Is the participant 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 participant: _____

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

EMERGENCY RELEASE AGREEMENT

A parent /guardian MUST sign this emergency release agreement for any participant 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 Anytown representatives, requires immediate medical attention, I hereby consent for any Anytown 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 Anytown 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.

Applicant Name (Please Print) _____

Applicant Signature: _____ Date: _____

Parent/Guardian Name (Please Print): _____

Parent/Guardian Signature: _____ Date: _____