



## Camp Extreme Boys Application 2018



Thank you for your interest in Camp Extreme. We look forward to providing you with a fun, safe, transformative summer experience.

The 2018 Boys program will take place July 3 – July 16, in the Canadian Rockies. (A valid passport will be needed to exit and reenter the United States.) Acceptance to the program is contingent upon a fully completed application, interview and letters of recommendation. A \$100 nonrefundable application fee is required upon submission.

A 10% reduction (\$500) can be earned by completing and submitting all paperwork by April 15, 2018 with a nonrefundable deposit of \$1000.

After the initial application is submitted and processed, applicants who are deemed appropriate for our program will be contacted for a personal interview. Upon acceptance to our program, an additional, more detailed enrollment package will be sent.

Tuition for the program is \$5,000 and does not include airfare. Travel to and from Camp Extreme is at the participants expense. Scholarship opportunities are available and offered on a first come first served needs basis. It is therefore advantageous to return applications and scholarship forms in a timely fashion. Please contact the office for a scholarship application. Full payment is due by June 1st. If full payment is not received by June 1st, program registration will be cancelled. No applicant will be able to attend Camp Extreme with an open balance.

Checks should be made payable to PROJECT EXTREME. All major credit cards accepted. Bounced checks will incur a \$35 inconvenience fee.

# Camp Extreme Boys Participant Application 2018

Return Application to:

Project Extreme  
335 Central Avenue  
Lawrence, NY 11559  
Ph.516.612.3922  
Fx. 516.612.3924  
info@projectextreme.org

Two Recent  
Photos Must  
Be Submitted  
With  
Application

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## APPLICANT INFORMATION

Applicant Preferred Name (First, Last): \_\_\_\_\_

Applicant Name as it appears on ID (First,Last): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Applicant Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Applicant Cell Phone: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Current Grade: \_\_\_\_\_ Citizenship: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Please list any known allergies: \_\_\_\_\_

Adopted?  Yes  No If adopted, when? \_\_\_\_\_

Do you have a valid passport?  Yes  No Issuing Country \_\_\_\_\_ Exp Date \_\_\_\_\_

Passport Number \_\_\_\_\_

**FAMILY INFORMATION**

**Father's Name:** \_\_\_\_\_

Father's Hebrew Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Living: Yes No

If no, cause of death: \_\_\_\_\_

Address (if different from the applicant's): \_\_\_\_\_

Occupation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Father's Email Address: \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_

Mother's Hebrew Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Living: Yes No

If no, cause of death: \_\_\_\_\_

Address (if different from the applicant's):  
\_\_\_\_\_

Occupation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mother's Email Address: \_\_\_\_\_

Parent's Marital Status:  Married  Divorced If Divorced, who has legal custody? \_\_\_\_\_

Please list siblings in chronological order (attach additional sheet if necessary):

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Male Female

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Male Female

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Male Female

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Male Female

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Male Female

## EMERGENCY CONTACT INFORMATION

In case of emergency contact (other than mother or father): \_\_\_\_\_

Emergency Contact's Relationship to Applicant: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_ or \_\_\_\_\_

**Emergency Contact must live within the USA or Canada.**

## ACADEMIC HISTORY

Please outline your academic history, including elementary school, beginning with most recent:

Year(s)	School Name and Contact Information	Last Grade Completed	Reason For Leaving

## PAST SUMMER EXPERIENCES

Have you attended any other summer program before this year? Yes No

If yes, which camp/program?

Dates	Name of Camp	Length of Camp	Counselor Name	Reason for Not Returning

**MEDICAL OR PSYCHOLOGICAL TREATMENT**

Have you received, or are you presently receiving treatment for any medical condition?

Yes No

If yes, please describe: (Attach additional sheets as necessary)

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Have you received, or are you presently receiving treatment for any psychological condition?

Yes No

If yes, please describe: (Attach additional sheets as necessary)

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Are you currently taking prescription medication? Yes No

Please detail current or past prescribed medications:

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Do you currently see a mental health professional (eg: psychiatrist, psychologist, therapist, or social worker)?

Yes No

Please list the mental health professionals you have seen in the last 3 years: (attach additional sheets if necessary)

Name: \_\_\_\_\_ Professional Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ Dates of Service: \_\_\_\_\_  
Email: \_\_\_\_\_

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Phone: \_\_\_\_\_ Dates of Service: \_\_\_\_\_  
Email: \_\_\_\_\_

Name: \_\_\_\_\_ Professional Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ Dates of Service: \_\_\_\_\_  
Email: \_\_\_\_\_

Has applicant ever been hospitalized for psychiatric/ psychological reasons and /or been diagnosed with a mental disorder? (i.e. depression OCD, ODD, PTSD) Yes No

If yes, please give the diagnosis, and describe the circumstances, dates. What events precipitated the admissions and what ere the outcomes?

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**Please note that if there is no current therapeutic plan in place, a psychological evaluation may be required pending acceptance to the program.**

## REFERENCES

Please provide the names and addresses of these three persons [not relatives] having knowledge of your character, experience, and ability.

Name	Relationship	Address, Phone and Email

How did you learn about this program? \_\_\_\_\_

I hereby certify that all items on this application are answered accurately and completely to the best of my knowledge.

Applicant's Signature: \_\_\_\_\_ Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_