



Camp Extreme Girls Application 2019



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

The Girls program will take place July 30 – August 19 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, 2019 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 Girls Participant Application 2019

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 your ID (First, Last): _____

Hebrew Name: _____

Address: _____

City, State, Zip: _____ Applicant Email Address _____

Applicant Home Phone: _____ Applicant Cell Phone: _____

Age: _____ Date of Birth: _____ Place of Birth: _____

Current Height _____ 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

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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 _____

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)

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

Yes No

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

Are you currently taking prescription medication? Yes No

Please detail current or past prescribed medications:

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?

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? _____

Applicants 18 years and older, please attach photo proof of ID (passport or driver's license).

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 _____