



## 2012 SUMMER CAMP APPLICATION Reno, Nevada

Session 1: July 30th-Aug 3rd

Session 2: Aug 13th -17th

Thank you for your interest in attending our first season of "Future Kind Summer". We look forward to receiving your application. Please read the following application carefully, incomplete applications will not be considered.

### ABOUT "FUTURE KIND SUMMER"

Future Kind Summer is a program created by Future Kind (a non-profit) in Reno, Nevada in partnership with The River School Farm. In this one-week summer program students will be introduced to the areas of DJ turntables and Music Production, Percussion, Art, Permaculture, Aerial Silks, Acro-Yoga and Nutrition. Each session will have 13 slots available. Participation in the program will be free for all accepted students. This program is a day camp and we do NOT provide lodging, lunch or accommodation. All classes will be held at The River School Farm, located at 7777 White Fir Street Reno, NV 89523. Students will be responsible for finding their own transportation to and from The River School. Classes will begin at 8:30am and conclude at 3:00pm each day.



### WHO MAY APPLY

Our organization values diversity of interests and background. Any student who will be ages 14-16 during the camp session with a positive attitude and willingness to try new things may apply. No experience in any of the disciplines is necessary. Students will be accepted based on the strength of the recommendation from a counselor or teacher, and the quality of their "express yourself" piece.

### APPLY ONLINE OR BY MAIL

This is the application for enrollment in sessions 1 or 2. Once completed, you can send it to us by mail or e-mail, or submit it to your school counselor. Make sure you give the reference letter to a school counselor or teacher. Applications must be submitted by Friday June 8th. Applicants will be notified of their enrollment status by May 31st at the latest.

### WHAT TO SEND IN APPLICATION

- Complete application.
- Permission slip.
- Express Yourself piece.
- Ask teacher/counselor to send Reference Letter. (page 5,6)

### WHERE TO SEND IT

P.O. Box 40960, Reno, NV 89504  
summer@futurekind.org



**1. CHOOSE A SESSION**

Circle the session you wish to attend. If your schedule is flexible, indicate your preferred session by placing a "1" by you first choice.

Session 1(July 30th – Aug 3rd)\_\_\_

Session 2(Aug13th – 17th)\_\_\_

**2. ABOUT YOU (thanks for printing legibly)**

Name\_\_\_\_\_

Date of Birth\_\_\_/\_\_\_/\_\_\_Age\_\_\_\_\_

T-shirt size (circle one) XS S M L

XL

High School\_\_\_\_\_

Home Phone\_\_\_\_\_

Cell Phone\_\_\_\_\_

Email\_\_\_\_\_

**3. PARENT/GUARDIAN CONTACT INFORMATION**

Name of Parent/Guardian\_\_\_\_\_

Home Address\_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ Postal Code\_\_\_\_\_

Mailing Address (if different than above)\_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ Postal Code\_\_\_\_\_

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

Email\_\_\_\_\_

**4. HOW SHOULD WE COMMUNICATE WITH YOU**

Phone\_\_\_\_\_

Cell\_\_\_\_\_

Email\_\_\_\_\_

**5. EMERGENCY CONTACT (must be different from Parent/Guardian which is automatically first)**

Contact Name\_\_\_\_\_ Relation to you\_\_\_\_\_

Primary Ph \_\_\_/\_\_\_/\_\_\_ Home Ph \_\_\_/\_\_\_/\_\_\_ Cell Ph \_\_\_/\_\_\_/\_\_\_

**6. Medical Information (please list all known conditions)**

Do you have any medical conditions or allergies? No\_\_\_ Yes\_\_\_ (if yes list all)

Are you on any medication to treat these conditions? No\_\_\_ Yes\_\_\_ (if yes list all)



## PERMISSION SLIP

DATE: \_\_\_\_\_

I am the (choose) Parent / Legal Guardian of \_\_\_\_\_ (student's name). I grant permission for my child to participate in the "Future Kind Summer" program described in the application attached.

### **AUTHORIZATION TO TREAT MINOR**

In the event that I or the other emergency contact cannot be reached in an emergency, I hereby permit the concerned authorities to call 911 and/or to contact a medical facility or physician selected by the organization to provide proper treatment to \_\_\_\_\_ (student's name) and that I will be responsible for all expenses arising in association with such treatment.

### **ACKNOWLEDGMENT OF NOTIFICATION**

I hereby acknowledge that I have read the application and am aware of the disciplines that will be taught as part of the program.

### **INDEMNITY AND WAIVER OF CLAIM**

I, the undersigned, the (choose) Parent /Legal Guardian of \_\_\_\_\_(student's name), hereby agree to indemnify and hold harmless Future Kind, The River School Farm, its staff members, employees and volunteers, its governing board, the individual members thereof from any liability, lawsuit, cost, expense, or claim of any type whatsoever (including legal fees) for any harm, injury, or death arising out of the above mentioned activity, as a condition of the student participating in the same.

If you have any questions regarding the application or the program, please contact us at [summer@futurekind.org](mailto:summer@futurekind.org).

**PARENT / LEGAL GUARDIAN SIGNATURE:** \_\_\_\_\_



## EXPRESS YOURSELF PIECE

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Age: \_\_\_\_\_

1. Answer one or more of the following themes using any medium you wish. Please note which themes you are addressing by checking one or more of the boxes.

How do you think attending "Future Kind Summer" will affect you, your friends, family and community?

What is an obstacle in your life that you have had to overcome and how did you deal with it? Or how are you overcoming an obstacle in your current life?

What are some of your goals for the future? Why are these things important to you and how can you achieve them?

### 2. DESCRIPTION OF YOUR PIECE

Written       Artwork (on paper)\*       Multimedia Artwork, video or musical piece (CD-DVD)

\*Keep in mind that your artwork must be flat and easily mailed. If you choose to create a 3-dimensional piece you may photograph it and submit the photographs.

### 3. APPLICATION CHECKLIST

- Express Yourself piece
- School counselor reference (to be sent by counselor or teacher)
- Program application
- Permission slip



## REFERENCE LETTER

**Dear Counselor or Teacher,**

Future Kind Summer is a five-day summer program designed by local non-profit Future Kind, to encourage high school students to learn about and practice disciplines that encourage creativity and promote health and environmental consciousness. This summer we are running two sessions of the program with 13 slots available for each session. Participation in either session is free.

The student named on this form is applying to participate in Future Kind Summer 2012. Your careful and complete assessment of the student will help us to determine if the candidate will benefit from participating in Future Kind Summer. Your prompt response is greatly appreciated. Please mail or scan and e-mail this form to the address listed, otherwise contact a Future Kind representative who will pick up reference letters from your school site.

**STUDENT'S NAME (Print)** \_\_\_\_\_ **CURRENT GRADE LEVEL** \_\_\_\_\_

**COUNSELOR'S NAME (Print)** \_\_\_\_\_

**SCHOOL** \_\_\_\_\_

**HOW LONG HAVE YOU KNOWN THE APPLICANT?** \_\_\_\_\_

**COUNSELOR'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PLEASE CHECK THE QUALITIES, WHICH BEST DESCRIBE THE COMMITMENT, TALENT AND SKILLS OF THIS STUDENT(rate from 1 to 5):**

- \_\_\_ Participates regularly in class discussions and activities
- \_\_\_ Shows interest in learning and seeks academic challenge
- \_\_\_ Shows interest in meeting new people or being exposed to new activities
- \_\_\_ Shows interest in participating in physical/outdoor activities
- \_\_\_ Is punctual and reliable
- \_\_\_ Is organized and uses time effectively
- \_\_\_ Is capable of performing at higher personal and academic level
- \_\_\_ Demonstrates leadership abilities
- \_\_\_ Shows interest in music or art
- \_\_\_ Behaves in a responsible and relatively mature manner
- \_\_\_ Is responsible, self directed and can work independently
- \_\_\_ Shows desire to pursue education beyond high school
- \_\_\_ Is socially intelligent and works well with other students



**PLEASE CHECK THE ACADEMIC, CAREER, AND PERSONAL NEEDS OF THIS STUDENT:**

- Lack of opportunity, support and/or guidance to become involved in healthy extracurricular activities
  - Lack of goals and/or need for direction
  - Lack of confidence, self esteem, and/or social skills
  - Lack of positive adult role models
  - Limited English proficiency
  - Diagnosed learning disability
  - Predominantly low income community
  - Rural isolation
- Other: \_\_\_\_\_

**PLEASE EVALUATE THE STUDENT’S CURRENT OVERALL PERFORMANCE BY CIRCLING ONE RATING FOR EACH CATEGORY:**

Attendance (include tardiness):	excellent	good	fair	poor	inconsistent
Attitude:	excellent	good	fair	poor	inconsistent
Class Work:	excellent	good	fair	poor	inconsistent
Behavior:	excellent	good	fair	poor	inconsistent
Potential for success in and after high school:	excellent	good	fair	poor	inconsistent

**BASED ON MY EXPERIENCE WITH THE APPLICANT, MY RECOMMENDATION TO FUTURE KIND SUMMER IS AS FOLLOWS:**

( ) Highly Recommend ( ) Recommend ( ) Recommend w/Reservation ( ) Do not Recommend

Note: If you select the categories Recommend w/ Reservation or Do not Recommend please explain.

**COMMENTS OR ADDITIONAL INFORMATION:**

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