



Playground Camp C.I.T. Application

Name: _____

Nickname: _____

Age as of June 17, 2024: _____

Birthday: _____ (mm/dd/yr) Sex: M____ F____

CIT Phone Number: _____ Is this your cell phone? (check one) Yes____ No____

CIT E-Mail: _____ (if applicable) Shirt Size (please circle one): YS YM YL YXL AS AM AL

Parent/Guardian Information:

PARENT/ GUARDIAN NAME #1: _____

Work Number: _____

Home Phone: _____

Emergency Phone: _____

E-mail: _____

Home Address: _____

City: _____ State: _____ Zip: _____

PARENT/ GUARDIAN NAME #2: _____

Work Phone: _____

Home Phone: _____

Emergency Phone: _____

E-mail: _____

Home Address: _____

City: _____ State: _____ Zip: _____

PERSON(S) HAVING LEGAL CUSTODY OF CHILD: _____

Name of Person(s) authorized to pick-up child other than parent or guardian:

Name of Person NOT authorized to pick-up child: _____

*Appropriate paperwork such as the divorce decree shall be attached if a parent is not allowed to pick up their child**

Method of Transportation: Bike Walk Car Carpool
(Please Circle All That Apply)

Emergency Contacts: Please list the names and best phone numbers of two people who will be able to pick up your child in case you are unable to be reached in case of an emergency:

Name: _____

Phone: _____

Name: _____

Phone: _____

Please describe any allergies or other health problems: (Include any chronic physical problems and pertinent developmental information.) If an allergic reaction does occur, parents will be notified.

Doctor's Name & Phone: _____

Desired Weeks of Participation (Check all desired boxes):

*Not guaranteed

☐ 6/17-21 (4 day) ☐ 7/15-19

☐ 6/24-28 ☐ 7/22-26

☐ 7/1-3 (3 day) ☐ 7/29-8/2

☐ 7/8-12 ☐ 8/5-8/9

EXPERIENCE WITH CHILDREN:

1. Have you ever worked with a group of children? (If so, please explain):

2. If a camper becomes homesick, what would you do?

3. If you heard a camper saying unkind words to another camper, how would you help?

4. The CIT program requires a lot of initiative and responsibility, please briefly explain your strengths in this area:

MOTIVATION and INTENTION:

I am asking to be a counselor-in-training because: (circle all that apply)

1. One day I would like to be a counselor
2. I have enjoyed coming to Playground camp as a program participant
3. I'd like to learn to be a leader
4. I am completing service hours for my school
5. My guardian(s) want(s) me to come
6. Other: _____

Please List any of the following:

Extracurricular Activities

Previous Work/Volunteer Experience

Explain your understanding of "teamwork".

CAMP EXPERIENCE:

Have you ever attended camp as a camper? ____Yes ____No

What do you remember most about your experience?

Camp Name: _____ Number of years: _____

Have you ever been a Counselor in Training (C.I.T.) before? ____Yes ____No

Camp Name: _____ Number of years: _____

Duties: _____

Agreements

1. The Parent/Guardian authorizes the summer Playground CIT Camp program to obtain medical care if any emergency occurs when the parent/guardian cannot be located immediately.
2. I/we assume all risks and hazards to participate in this activity including transportation to and from activity; and I/we do hereby waive, release, absolve, indemnify, and agree to hold blameless the Parks and Recreation Department, organizers, sponsors, supervisors, participants, and persons transporting myself/my child to or from activities when carrying out said responsibility in a safe, lawful, socially acceptable manner, for any claim arising out of injury to me/my child. I understand the Parks and Recreation Department assumes no responsibility for lost and stolen property.

I/we, the parents/guardian of the above named participant registered for a Parks and Recreation sponsored activity, Hereby give my/our approval for our child's participation in this activity. **I/we have notified in writing the Parks and Recreation Department of any special needs or medical conditions my/our child has that might affect his/her ability to participate in this activity.** The Parks and Recreation Department has permission to call my family physician in an emergency when I cannot be contacted.

The Parks and Recreation Department has my **authorization** and permission, in an emergency when I (or family member) cannot be located, **to authorize my child be treated by Certified Emergency Personnel (i.e. EMT, First Responder, E.R. Physician)** and to transport **my child** to the emergency room of the nearest hospital, and the hospital and its medical staff have the authorization to provide treatment which a physician deems necessary for the well-being of my child.

3. I understand that any untrue, misleading, or omitted information herein may result in denial of privileges and/or dismissal from the Counselor-in-Training Program. I understand that while at the Town of Vienna Playground Camp, I must follow both camper policies and staff policies.

4. I have read, understand, and agree to the CIT rules and guidelines. I agree to uphold these guidelines and standards to maintain a safe and enjoyable camp experience for everyone.

Signatures

CIT Name _____ CIT Signature _____ Date _____
(please print)

Parent/Guardian Name _____ Parent/Guardian Signature _____
(please print)

Date _____

Updated: 2/1/2024