



## Returning Playground Camp C.I.T. Application

Name: \_\_\_\_\_

Nickname: \_\_\_\_\_

Age as of June 17, 2024: \_\_\_\_\_

Grade: \_\_\_\_\_

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: \_\_\_\_\_

Name of 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 to/from Camp:      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

☐ 6/24-29            ☐ 7/22-26

☐ 7/1-3 (3 day)      ☐ 7/29-8/2

☐ 7/8-12              ☐ 8/5-9

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

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**MOTIVATION and INTENTION:**

I am seeking 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 or previously as a CIT
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: \_\_\_\_\_

**What were some valuable things you learned that added to your experience in and out of camp?**

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## 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**