



Summer Play Camp at Blue Rock School

2017 COUNSELOR IN TRAINING (CIT) APPLICATION

NAME _____ D.O.B. _____ AGE (on 6/26/17) _____

2017 Camp season: June 26th - August 4th Mon - Fri / 9am – 3:30pm

The Summer Play Camp CIT program is a well-supervised 6-week program for 14 & 15 yr olds that provides valuable and enjoyable work experience and qualifies for both volunteer hours and a detailed reference letter.

Please indicate any conflicts with the dates listed below.

Friday, June 23th 10am - 4pm to set up camp (circle one) Available Not available

If you are unavailable for any portion of camp season: (please list) _____

Monday, August 7th from 10am - 4pm for camp pack up (circle one) Available Not available

APPLICANT'S HOME ADDRESS: _____

(CITY) _____ (STATE) _____ (ZIP) _____

HOME PHONE (_____) _____ CELL PHONE (_____) _____

E-MAIL _____

PARENT #1'S NAME _____

PRIMARY PHONE (_____) _____ SECONDARY PHONE (_____) _____

E-MAIL _____

PARENT #2'S NAME _____

PRIMARY PHONE (_____) _____ SECONDARY PHONE (_____) _____

E-MAIL _____

APPLICANT'S DOCTOR _____ PHONE(_____) _____

ANY ALLERGIES? _____

ANY EMERGENCY INSTRUCTIONS? _____

Are there any other special circumstances about your child or your family that you would like to share to help us better accommodate you?

MEDICAL RELEASE

I hereby give my consent to have limited medical care rendered to my child, _____,
in the event of a medical emergency. (child's full name)

Signature

Date

PHOTO RELEASE

I give permission for photos of my child taken during the Summer Play Camp to be used in promotional purposes.

Signature

Date

EMERGENCY CONTACTS

List at least two people who will assume temporary care for your child during program hours if you cannot be reached:

1. _____
(name, relationship, and phone)

2. _____
(name, relationship, and phone)

I authorize any of the above listed adults to pick up my child in the event that I am not available.

Signature

Date