

Counselor in Training Program Application

VILLAGE OF MONTGOMERY 2020 SUMMER DAY CAMP

Veteran's Memorial Park, 60 Bachelor Street Montgomery, NY 12549

Camp dates Monday June 29, 2020 – Friday August 7, 2020

Thursday July 4th Camp Closed

Camp hours: 8:30 am – 4:30 pm (hour lunch 12:00-1:00)

Applications must be received by Friday April 26, 2019

Registration is open to all 13, 14 & 15 year old's entering **High School** in the fall 2020

Name: _____ Age: _____ Date of Birth: _____ Male ___ Female ___
(First & Last Name, please print) (mm/dd/yyyy)

Hphone # _____ cell phone # _____ email: _____
(xxx-xxx-xxxx) (xxx-xxx-xxxx)

Grade attending in Sept. _____ School attending in Sept. _____

T-Shirt size: YL ___ YXL ___ AS ___ AM ___ AL ___ AXL ___ AXXL ___

Mother's Information:

Father's Information:

Name(first/last) _____

Name(first/last) _____

Street Address _____

Street Address _____

Town _____

Town _____

State/Zip _____

State/Zip _____

Home phone _____

Home phone _____

Cell phone _____

Cell phone _____

email _____

email _____

I give permission to my son/daughter listed above to leave camp grounds during their lunch hour (12:00 pm-1:00pm) to walk to the Village proper for lunch. yes ___ no ___

MEDICAL INFORMATION: (print) (download or attach copy of current immunization record).

Alternate emergency contact if above cannot be contacted.

Name _____

Phone H _____ C _____ relationship to camper _____

Family Physician _____

Address _____

Phone no. _____

Known allergies _____

Current medications _____

PHOTO RELEASE:

During regular camp activities and during special events pictures are sometimes taken either by camp staff or local publications, I give permission for these pictures to be used in Village bulletins and local newspapers. ___ yes ___ no

Parent signature required if under 18 years of age.

In consideration of the Village granting and continuing permission for use of its facilities, programs, and personnel, I hereby authorize my child, whose name appears above, to attend the Summer Recreation Program sponsored by the Village of Montgomery. On behalf of my child, I hereby release the Village of Montgomery, its officers, employees and agents from any and all liability, claims damages, or expense sustained by my child in connection with such participation in the program.

In case of injury while at the program, I give permission for my child to be taken to a hospital for treatment to include evaluation for injuries, x-ray, and any needed emergency care. I understand the group leader will try to contact me in case injury occurs. I have explained to my child that she/he is to obey the Village of Montgomery staff and to follow rules and regulations set by them.

IMPORTANT NOTICE: Please be advised that the Village’s recreation program is being conducted for the general benefits of the community. Registering your child in the program or advising us of any special situations will help us in running our program. It is however, impossible for the Village to guaranty the health and safety of every child in the program or that Village employees will have knowledge of each and every special situation. The expense of liability insurance would preclude the Village from having this recreational program for the general benefit of the community if a special relationship was legally established with each child.

If you do not wish to abide by these limits of liability, PLEASE DO NOT REGISTER YOUR CHILD IN THE PROGRAM.

CAMP OPERATOR’S DISCLOSURE STATEMENT TO PARENTS AND GUARDIANS

This children’s camp must have a permit to operate from the Orange County Department of Health. The camp is required to be inspected at least twice annually, copies of the inspection reports are on file and available for review at the Orange County Department of Health, Division of Environmental Health, 124 Main Street, Goshen, N.Y.

Name: _____ Age: _____ Grade: _____
(Please print First and Last)

NOTE: We would appreciate dates being in succession but not necessary.

**I am available on the following dates:
(place a check next to the date available)**

6/29 ___ 6/30 ___ 7/1 ___ 7/2 ___ 7/6 ___ 7/7 ___ 7/8 ___ 7/9 ___ 7/10 ___ 7/13 ___ 7/14 ___ 7/15 ___ 7/16 ___ 7/17 ___ 7/20 ___ 7/21 ___ 7/22 ___
7/23 ___ 7/24 ___ 7/27 ___ 7/28 ___ 7/29 ___ 7/30 ___ 7/31 ___ 8/3 ___ 8/4 ___ 8/5 ___ 8/6 ___ 8/7 ___

Campers age groups:

(5/6 girls and boys) (7/8 girls) (7/8 boys) (9/10 girls) (9/10 boys) (11/12/13 girls) (11/12/13 boys)

Age Group preference: _____

Requirements:

- completed application by April 26, 2019
- current immunization record
- signed code of conduct
- 3 personal reference forms
- on a separate sheet of paper answer these two questions (50 words or less); Why do you want to be a CIT? What individual characteristics do you have that might make us choose you to be in our CIT Program?
attend camp on a regular basis 8:30 am – 4:30 pm according to the dates chosen above; must follow CIT rules; expected to be a dedicated, reliable, energetic and a positive person; must assist counselors with supervision of campers and daily operations; serve as a positive role model for campers; must complete all training offered for the CIT program; have fun while doing a great job!

NOTE: Space for this program is limited. CIT’s will be chosen based on the application, reference forms, interview, prior year evaluation. Filling this application out does not mean you have been accepted for the CIT Program. Final selection will be done by the camp staff after interviews have been completed. Accepted candidates will be notified by mail.