

Counselor in Training application

Pines Community Center Summer Playground Program



Name _____ D.O.B. _____ Grade Entering _____

Physical Address _____ Mailing Address _____

Town of Residence _____ Zip code _____

Email address _____ Telephone _____

Education:

Elementary School _____

Middle School _____

High School _____

School Activities _____

Activities outside of school _____

Employment (if any please describe) _____

Please list any previous experience/s working with children _____

Have you taken a baby-sitting class? _____ Location & Date _____

Have you been a CIT before? _____ If yes, where? _____

References (list 2 non-family members)

1. _____ Relationship _____ Telephone _____

2. _____ Relationship _____ Telephone _____

Teacher providing essay _____ School _____

I understand that as a CIT I will assist the Counselors by playing with the children, helping with group management and supervision, reminding children to listen, escorting children between locations, and modeling positive behavior. I will also assist in other duties, such as cleaning up, running the snack room, setting up activities, traveling with campers to and from swimming lessons, assisting the Water Safety Instructor at the beach during swimming lessons, and other duties as assigned. As a CIT I will behave in accordance with the rules and policies of the Pines Playground Program, and demonstrate good behavior and character at all times.

Signature _____ Date _____

Office Use Only

Application received _____ **Essay received** _____ **Recommendation received** _____

Parental registration form received _____ **Payment received** _____

Interview _____ **By** _____

Interviewer comments:

Counselor in Training Registration



Pines Community Center

Participant Name _____ D.O.B. _____ Gender _____

Name of Program _____ Shirt Size _____ Grade Entering _____

Participant's Town of Residence _____ Person responsible for payment _____

Participant resides with: Both Parents _____ Mother _____ Father _____ Other (please specify) _____

Mother Information Name _____ Mailing Address _____

Home Phone _____ Cell Phone _____ Work Phone _____

e-mail address _____

Father Information Name _____ Mailing Address _____

Home Phone _____ Cell Phone _____ Work Phone _____

e-mail address _____

Emergency Contact _____ Relation _____ Phone # _____

Councilor in Training Program **Resident** **Non-Resident**

June 21-August 20, 2010 \$95.00 \$105.00 Payment due upon acceptance.

ALL summer fees must be paid in full by June 14, 2010 to participate. Any previous balances must be paid up in full to register for 2010 Summer Programs.
A \$15 fee will be charged for all returned checks.

Medical Release Agreement

In the event of an emergency and none of the parents, guardians, or emergency contacts listed above are able to be reached, I/We hereby give permission to the employees of the Tilton-Northfield Recreation Council to call rescue personnel. I/We further authorize the appropriate medical personnel to treat, hospitalize, administer anesthesia, and order injections or surgery for the safety of the participant.

Participant & Parental Statement of Agreement

Participation in this sport/activity may involve risk of injury. As a parent or participant, I am aware of these hazards and my ability to participate. With regard to the program(s) listed above, I hereby for myself, my heirs, executors and administrators waive and release all rights and claims against the Pines Community Center (P.C.C.)/Tilton-Northfield Recreation Council, its officers, employees, agents, volunteers, and supervisors, except in the case of their sole negligence, from all losses, injury, damages, fees and other expenses arising out of, or in connection with, participation in the activity.

All Pines classes/events may be photographed, and photographs of participants may be used for P.C.C. programs and promotions.

Refund Clause

By signing this form I fully understand that a \$50.00 non-refundable deposit is required in order to register each participant for this program. Full payment for the program is due by June 14, 2010; no refunds will be given after June 19, 2010. I understand that no part of the camp fee is refunded in the event of early dismissal for misconduct.

By Signing below I confirm that I have read and understand all of the information in this document and I accept the Medical Release Agreement, the Participant & Parental Statement of Agreement, and the Refund Clause.

Signature _____ **Date** _____

Arrival and Departure Information

Child/ren must be checked in by parent at the beginning of each new session

Please circle your child's method of arrival: Walk Bicycle Dropped off Arrival Time _____

Please circle your child's method of departure: Walk Bicycle Picked Up Departure Time _____

Please list any special concerns or considerations that involve the arrival and departure of the participant. For example: can not be picked up by ..., must call before they leave, never allowed to walk; etc.

Please list all people who might be picking up the participant.

_____ **WE ID:** We will I.D. anyone who we do not know or recognize.

Will participant attend summer school? _____

Medical Information

Date of Last Tetanus Shot _____

Primary Physician _____ Phone Number _____

Health Insurance Company Name _____ Policy Number _____

Allergies: Do you have any allergic reactions (e.g., to bees, drugs, food, etc.)?

Chronic Illnesses: Do you have any chronic illnesses (e.g., diabetes, epilepsy, asthma, fainting, heart trouble, etc.)?

Physical Conditions: Do you have any physical difficulties (e.g., eyes, ears, nose, throat, lungs, etc.) that may limit your participation?

Medications: Do you take any medications either here or at home (e.g., Tylenol, Ritalin, bee sting kit, etc.)? If yes, please list below. Under no circumstances are any children allowed to have any type of medication with them at any of our programs. **If medication needs to be administered during the day please fill out a medication policy form.**

Does the participant have any family issues or physical, medical, or emotional conditions not listed above that would prohibit, limit, or effect their participation in any camp activities, or effect their interaction with staff and other campers (e.g. custody issues, family member health, cerebral palsy, ADD or ADHD, depression, toileting problems, anger management, PTSD, etc...)?

Please Circle the appropriate answer: **NO** **YES** **If yes, please explain below.**
