



# 2019 Summer Camp: Counselor in Training (CIT) Application

## CIT APPLICANT INFORMATION

CIT's Name: \_\_\_\_\_ CIT's Primary Phone #: \_\_\_\_\_

CIT's Email: \_\_\_\_\_ CIT's Date of Birth: \_\_\_\_\_

CIT's Address: \_\_\_\_\_  
Street Apt. # City State Zip

### Medical Conditions:

Include all current medications and any allergies to food, medicine, and environment (bees, peanuts, etc.):

\_\_\_\_\_  
\_\_\_\_\_

### Previous work with children:

\_\_\_\_\_  
\_\_\_\_\_

### Interests/Hobbies/Skills:

\_\_\_\_\_  
\_\_\_\_\_

### List two (1 personal and 1 school, and/or work related) references whom we can contact:

1.) Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship?: \_\_\_\_\_

2.) Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship?: \_\_\_\_\_

## CIT APPLICANT AVAILABILITY

### Circle the weeks you are available- minimum of 2 weeks (8:30am-4:30pm):

CIT Session 1: June 24<sup>th</sup>- July 5<sup>th</sup>

CIT Session 1 (extended-3 weeks): June 24<sup>th</sup>- July 12<sup>th</sup>

CIT Session 2: July 8<sup>th</sup>- July 19<sup>th</sup>

CIT Session 3: July 15<sup>th</sup>- July 26<sup>th</sup>

CIT Session 4: July 22<sup>nd</sup>- August 2<sup>nd</sup>

CIT Session 5: July 29<sup>th</sup>- August 9<sup>th</sup>

CIT Session 6: August 5<sup>th</sup>- August 16<sup>th</sup>

CIT Session 6 (extended- 3 weeks): August 5<sup>th</sup>- August 23<sup>rd</sup>

CIT Session 7: August 12<sup>th</sup>- August 23<sup>rd</sup>

I am willing to help with After Care from 4:00-5:30pm (circle one): YES NO

**PARENT/GUARDIAN INFORMATION**

**Parent/Guardian 1:**

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_

**Parent/Guardian 2:**

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_

**EMERGENCY CONTACT and PICK-UP AUTHORIZATION INFORMATION**

Please list the people (over 18 years old) to contact in the event of an emergency who are ALSO allowed to pick up your child, along with their phone numbers. They will need to show ID upon pick-up or else child will not be released.

\*Do not include parent/guardians, we will contact them first in case of emergency\*

**CONTACT 1:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**CONTACT 2:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**PLEASE READ CAREFULLY BEFORE SIGNING**

- 1. I authorize and consent to being photographed, and to the display, reproduction, alteration or other use of any photographs of my child (along with the possible use of first name only), or in which I may be included with others, in connection with Silver Lake Nature Center publications, website and press corps contacts.

Parent Signature (if under 18) *or* Applicant Signature (if over 18): \_\_\_\_\_ Date: \_\_\_\_\_

- 2. In case of an emergency an agent of Silver Lake Nature Center has my permission to seek the necessary medical attention for the Participant. If the Participant is under 17, every effort must be made to notify the Parent/ Guardian. I hereby release Bucks County Department of Parks & Recreation and the Friends of Silver Lake Nature Center, their employees & volunteers from any and all liability which might be incurred during these activities.

Parent Signature (if under 18) *or* Applicant Signature (if over 18): \_\_\_\_\_ Date: \_\_\_\_\_

**KAYAK/CANOE CONSENT:**

I acknowledge and fully understand that my child will be engaging in activities that involve risk of damage to personal property or serious injury, including permanent disability and death, which may result not only from their actions, inactions or negligence, but the actions, inactions or negligence of others, the rules of play, water/weather conditions, the condition of the premises, or any of the equipment used. Further, there may be risks not known or not reasonably foreseeable at this time.

I assume all the foregoing risks for my child, and accept personal responsibility for all expenses, medical or otherwise, following any such damages, injury permanent disability or death.

I release, waive, discharge and covenant not to sue Silver Lake Nature Center, the County of Bucks, affiliated clubs, administrators, directors, employees, volunteers, other participants, sponsoring organizations, and if applicable, owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as "releases", from any and all liability to me, my heirs and next of kin for any and all claims, demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise. If any part of this waiver is determined to be invalid by law, all other parts of this waiver shall remain valid and enforceable.

\_\_\_\_ YES, my child is allowed to kayak/canoe  
\_\_\_\_ NO, my child is not allowed to kayak/canoe

Children are required to wear a Personal Floatation Device (PFD) during watersports. For our knowledge, can your child swim without the use of a floatation device?    \_\_\_\_ YES    \_\_\_\_ NO

**SELF-DISMISSAL CONSENT:**

The Silver Lake Nature Center (SLNC) understands that some families would like their children to depart unescorted at the end of each camp day. It is the policy of SLNC that only Counselors-in-Training (CIT's) are allowed to "self-dismiss" from the camp, and only if prior written permission from the parent/guardian is on file with SLNC.

By submitting this written consent, the parent/guardian gives permission and releases SLNC from any liability associated with the child leaving the Silver Lake Nature Center building without a parent/guardian or other authorized adult.

\_\_\_Yes, I grant permission for my child to "self-dismiss" from the SLNC Camp. I hereby indemnify and hold harmless SLNC from any and all liabilities incident to my child's self-dismissal from camp.

\_\_\_**No, my child is not permitted to leave without a parent/guardian escort. My child must be signed out by a parent/guardian before leaving the SLNC building.**

\_\_\_\_\_  
CIT's Name

\_\_\_\_\_  
Please print parent/guardian name

\_\_\_\_\_  
Parent/guardian signature

\_\_\_\_\_  
Date

**Please return completed application to Summer Camp Director, Kassandra Archer, at [kaarcher@buckscounty.org](mailto:kaarcher@buckscounty.org) or mail to the Silver Lake Nature Center at 1306 Bath Road, Bristol, PA 19007**