



2020 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):

Session 1 (June 22nd-June 26th)

Session 2 (June 29th- July 3rd)

Session 3 (July 6th-July 10th)

Session 4 (July 13th-July 17th)

Session 5 (July 20th- July 24th)

Session 6 (July 27th- July 31st)

Session 7 (August 3rd- August 7th)

Session 8 (August 10th-August 14th)

Session 9 (August 17th-August 21st)

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 or mail to the Silver Lake Nature Center at 1306 Bath Road, Bristol, PA 19007