

## **COUNSELOR-IN-TRAINING (C.I.T.) APPLICATION**

Dear Camp C.I.T Applicant:

Enclosed please find an application for the Counselor in Training (C.I.T) and Junior counselor program at Explorer Club Summer Camp. The number of C.I.T.s & Junior Counselors accepted is based on camper enrollment. Completed applications should be returned to The Explorer Club, 8318 Carpenter Rd. Ypsilanti, MI. 48197.

Applicants must be prepared to commit to consecutive weeks. The selection of C.I.T.s is a privilege and is not guaranteed. A requirement will be the submission of the enclosed Medical Form for your child. This form is due prior to the start of the program. Applications are due no later than Friday May 17th, 2019. Late applications will be placed on a waiting list. All applicants will be notified by Friday May 31st, 2019. Do not send in payment with the application. Also, please do not call the office to inquire or lobby for your child. It should be noted that a selected C.I.T. is required to attend a training session prior to the start of the camp. The acceptance letter will have this information.

Sincerely,  
James I. Smith  
Camp Coordinator

### **COUNSELOR-IN-TRAINING PROGRAM JOB RESPONSIBILITIES:**

Assist program staff with the supervision, implementation and execution of summer camp program. Campers age range is 5 through 14. CITs will have a structured series of training workshops where they will have the opportunity to learn more about the different aspects of being a camp counselor and working with children. These workshops will be conducted by camp leaders, and experienced group counselors as well as guest speakers.

### **DAYS & TIMES:**

Monday thru Friday: 8:00 A.M. to 12:30 P.M., 9 to 4 (with a one-hour lunch), or 12:30 to 5:00. C.I.T.'s & Junior Counselors may arrive earlier or stay later than their shift with parental permission, as long as their presence does not interfere with Camp or Child Care operations.

Session 1 (Monday, June 24 - Friday, July 03)	2 weeks (Camp will be closed 7/4 & 7/5)
Session 2 (Monday, July 08 - Friday, July 19)	2 weeks
Session 3 (Monday, July 22 - Friday, August 02)	2 weeks
Session 4 (Monday, August 05 - Friday, August 16)	2 weeks

Eligible Grades for C.I.T program are students entering 7<sup>th</sup>, 8<sup>th</sup>, 9<sup>th</sup>, & 10<sup>th</sup> grade for September 2019,

**C.I.T Fee Schedule; 7<sup>th</sup>, 8<sup>th</sup> Grade \$110 per week, 9<sup>th</sup> & 10<sup>th</sup> Grade Fee per Week: \$99.00  
11<sup>th</sup> and 12<sup>th</sup> grade: Volunteer**

*These costs are to cover admissions, trainings and administrative fees.*

### **REQUIRMENTS:**

1. Must love working with children and people;
2. Skills in sports, games, crafts, or other areas a plus but not necessary;
3. Honest, coachable and reliable;
4. Preference will be given to past C.I.T.s who have received positive evaluations and to former campers who exhibit the qualities necessary to be a C.I.T;

**Complete the attached application form and mail to:**

**Explorer Club**  
**8313 Carpenter Rd. Rm # 1**  
**Ypsilanti, MI. 48197**

**COUNSELOR-IN-TRAINING APPLICATION 2019**

Name \_\_\_\_\_, Email \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

School attended 2018/2019 \_\_\_\_\_ Grade as of Sept. 2019 \_\_\_\_\_

Years you attended Camp as a CIT \_\_\_\_\_

Years you attended an Explorer Club Camp or After School Program \_\_\_\_\_

What Program(s) did you attend? \_\_\_\_\_

Requested Dates: (must be at least 1 session) No Camp July 04.  
Must enroll for a minimum of one session

Session I \_\_\_\_\_ Session II \_\_\_\_\_ Session III \_\_\_\_\_ Session IV \_\_\_\_\_

Session 1 (Monday, June 24 - Friday, July 03)	2 weeks (Camp will be closed 7/4 & 7/5)
Session 2 (Monday, July 08 - Friday, July 19)	2 weeks
Session 3 (Monday, July 22 - Friday, August 02)	2 weeks
Session 4 (Monday, August 05 - Friday, 16)	2 weeks

**REFERENCES:**

(School, clergy, employers, youth organizations)

1. Name \_\_\_\_\_ Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_

2. Name \_\_\_\_\_ Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_

3. Name \_\_\_\_\_ Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_

**Applicant must submit a one-page essay, explaining how they can help our summer camp.**  
**Applicant must also provide two letters of references.**

**COUNSELOR-IN-TRAINING MEDICAL/EMERGENCY FORM**  
**MUST BE SUBMITTED PRIOR TO SESSION**

**Please Print**

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ M.I. \_\_\_\_\_

SEX: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
(Area code)

ADDRESS \_\_\_\_\_  
Street Town Zip

MOTHER'S BUSINESS # \_\_\_\_\_ FATHER'S BUSINESS# \_\_\_\_\_

CELL PHONE # \_\_\_\_\_ MOM/FATHER'S CELL PHONE #: \_\_\_\_\_

MOTHER'S EMAIL \_\_\_\_\_ FATHER'S EMAIL \_\_\_\_\_

**\*\*IF PARENTS CANNOT BE REACHED-EMERGENCY NUMBERS:**

1. NAME: \_\_\_\_\_ PHONE # \_\_\_\_\_

2. NAME: \_\_\_\_\_ PHONE # \_\_\_\_\_

**PLEASE LIST THE INDIVIDUALS AUTHORIZED TO PICK UP YOUR CHILD:**

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

**HEALTH INSURANCE INFORMATION**

CARRIER OR PLAN NAME \_\_\_\_\_ GROUP # \_\_\_\_\_

NAME OF INSURED \_\_\_\_\_ INSURANCE ID # \_\_\_\_\_

RELATIONSHIP TO PARTICIPANT \_\_\_\_\_

NOTE: All medication sent to camp MUST be labeled by pharmacy. We can supervise but not administer medication. **ALL MEDICATIONS ARE SELF ADMINISTERED BY THE CHILD.**

In the event that I cannot be reached by phone, I give my permission to the CAMP Director or their appointed representatives to act in my behalf in seeking and providing medical treatment for my child during the CAMP season. This includes medical care and treatment by a first aid station or physician in a hospital.

Signature of Parent or Guardian: \_\_\_\_\_, Date: \_\_\_\_\_

**PHOTO RELEASE:** *Occasionally, photographs or video will be taken of children participating in this program. These photographs or videos may be selected for use in town and/or organizational publications including its Website. However, we will not identify your child by name or release any other personal information. Please check one:*

I GIVE my permission \_\_\_\_ **or** I DO NOT GIVE my permission for participant to be photographed \_\_\_\_.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Keeps or has an EpiPen?** \_\_\_\_\_

Date of last tetanus: \_\_\_\_\_

Insurance Company: Insurance ID: \_\_\_\_\_

Camper's Doctor: Telephone: \_\_\_\_\_

Camper's Dentist: Telephone: \_\_\_\_\_

**TO BE COMPLETED BY A MEDICAL DOCTOR**

**IMMUNIZATION HISTORY**

(Show dates of last immunization or booster)

IF CHILD BORN AFTER JANUARY 1, 1993 – MUST FILL IN DATES OF HEPATITIS B: \_\_\_\_\_

MEASLES \_\_\_\_\_ MUMPS \_\_\_\_\_ HIB \_\_\_\_\_

RUBELLA \_\_\_\_\_ DPT \_\_\_\_\_

POLIO SALK/SABIN \_\_\_\_\_ MMR \_\_\_\_\_

VARICELLA (Chicken Pox) \_\_\_\_\_

TBC: Date \_\_\_\_\_ Results \_\_\_\_\_

Is in good health, is not suffering from any illness and MAY \_\_\_\_\_ participate all of activities.

**Is not in good health, is suffering from an illness and MAYNOT \_\_\_\_\_ participate all of activities.**

**DIETARY/PHYSICAL RESTRICTTIONS:**

\_\_\_\_\_

My child has been prescribed medication, which can be self-administered.

1. Name of medications: \_\_\_\_\_, \_\_\_\_\_

2. Dosage: \_\_\_\_\_

3. Purpose of medications:

\_\_\_\_\_

**ALL MEDICATIONS ARE SELF-ADMINISTERED BY CHILD**

**PHYSICIAN'S NAME, ADDRESS & PHONE NUMBER**

-----, -----, -----

**NOTE:** All medication sent to camp MUST be labeled by pharmacy.

**CIRCLE SESSION: I, II, III, IV**

MUST BE SUBMITTED PRIOR TO SESSION

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ Nickname: \_\_\_\_\_

PLEASE TAKE THE NEXT FEW MINUTES TO ANSWER THE FOLLOWING QUESTIONS.

REMEMBER: YOUR CHILD'S SAFETY AND HEALTH IS IMPORTANT TO US. PLEASE BE HONEST IN YOUR RESPONSES, SO WE CAN DO EVERYTHING WITHIN OUR ABILITIES TO ENSURE THAT YOUR CHILD HAS A GREAT CAMP.

HAS YOUR CHILD *EVER HAD OR DO THEY NOW HAVE*: Please Circle:

- |   |   |
|---|---|
| (1) Asthma, wheezing, or inhaler use                              | (2) Epilepsy, fits, seizures, or convulsions                            |
| (3) Recurrent neck or back pain                                   | (4) Rheumatic fever   |
| (5) Dislocated joint, knee, hip, shoulder, elbow or ankle         | (6) Foot pain   |
| (7) Periods of unconsciousness                                    | (8) Frequent or severe headaches causing, Interruptions in school       |
| (9) Wear contact lenses   | (10) Fainting spells or passing out                                     |
| (11) Head injury, skull fracture, concussion                      | (12) Seen a psychiatrist, psychologist, counselor or social worker      |
| (13) Skin disorders such as: Eczema, Psoriasis, Atopic Dermatitis | (14) Irregular, rapid or slow heartbeat                                 |
| (15) Thyroid condition or taking medication for thyroid           | (16) Limitation movement or motion of joint, wrist, knee, hip, shoulder |
| (17) Heart murmur, heart abnormality or problems                  | (18) Heart surgery  |
| (19) High blood pressure  | (20) Hepatitis (liver infection)  |

**Please Circle any that apply to your child;**

(21) Any eye injury or surgery (other than corrective)

(22) **Allergies:**

Common foods (milk, peanuts, eggs, meat, fish, etc.), wool or fabrics,

Wasp, bee or any insect stings

Penicillin

Poison ivy

Drugs (prescription or medication) other: \_\_\_\_\_

- |   |  |       |              |         |
|---|--|-------|--------------|---------|
| (23) Broken bones requiring surgery to repair | (24) Perforated ear drum or tubes in ear drums       |       |              |         |
| (25) Anemia (iron deficiency)                 | (26) Pain or swelling at the site of an old fracture |       |              |         |
| (27) Loss of appendage, limb or part thereof  | (28) Attention Deficit Disorder                      |       |              |         |
| (29) Diseases: Chicken pox                    | German measles                                       | Mumps | Tuberculosis | Measles |
| Other: please specify _____                   |  |       |              |         |

(30) If the answer to any of the above is "Yes" please reference the question number then, Describe or explain in a separate letter with dates:

## LIABILITY RELEASE WAIVER AND AUTHORIZATION FORM

The above named participant or minor child (hereafter "participant") has permission to participate in the activities of Explorer Club Camp. (Hereafter "ECC"). This permission slip is valid for one year unless it is revoked earlier in writing by the parent/guardian. I understand and accept that the activities of ECC involve strenuous athletic pursuits that include, but are not limited to, the risk of physical contact, physical injury and other inherent risks. In consideration of the above named, participant being permitted to participate in the activities of the ECC, in consideration of the instruction the participant is to receive and for other valuable consideration, I hereby agree on behalf of myself and the above named, participant to indemnify and hold ECC officers, agents, employees, coaches and volunteers harmless from and against any and all claims of any sort whatsoever arising out of or in connection with the above named, child's participation in ECC activities. ADDITIONALLY, THIS AGREEMENT SHALL APPLY TO ANY CLAIMS ARISING FROM OR THROUGH THE NEGLIGENCE OF It's a Small World Daycare OR IT'S OFFICERS, AGENTS, EMPLOYEES, COACHES AND VOLUNTEERS.

\_\_\_\_\_ (initial here) *A parent or guardian must initial here.*

**(Minor child participant only):** In the event, I cannot be reached in an emergency requiring medical attention for the above named, child, permission is hereby given to administer such first aid as deemed necessary. Further permission is given to allow medical services to be performed by doctors, hospitals or other qualified medical providers as deemed necessary in an emergency, including surgery if reasonably necessary. I understand that the cost of all emergency services is my responsibility. Any exceptions or restrictions imposed by the parent or guardian must be detailed in a separate letter. \_\_\_\_\_ **(initial here) A parent or guardian must initial here.**

By signing below, I acknowledge that I have read and understand this Registration form and the Liability Release Waiver and Authorization noted in this section. My responses are complete and accurate to the best of my knowledge and I agree to abide and be bound by this document.

Participant:      Date\_\_\_\_\_

PRINT NAME: \_\_\_\_\_, SIGN: \_\_\_\_\_

Parent/Guardian: Date\_\_\_\_\_

PRINT NAME: \_\_\_\_\_, SIGN \_\_\_\_\_