

# EWING SUMMER DAY CAMP COUNSELOR IN TRAINING (CIT)

**General Description:** A Counselor-in-Training (CIT) needs to demonstrate the maturity, campership qualities, and abilities to effectively assist the senior staff and be role models for the younger children. CITs will be **entering tenth grade**. CIT's will remain with an assigned camper group all day. They will meet with the CIT Coordinator at least once a week to discuss various topics.

**Specific Responsibilities:** To help the senior staff with daily activities, To help younger campers with activities, projects and games, To plan and execute at least one group activity, To strictly observe all Camp rules, including Be a role model for campers, Call Camp Director, Unit Leader or office if you will be absent, No hitting or using any form of physical force, abusive language or intimidation, Remain on Camp grounds during the Camp day, No smoking, alcohol or drugs, Abide by all the rules, policies, and procedures as outlined in the Staff Handbook.

**Performance Evaluations:** There will be several types of evaluations during the duration of camp. One is a final review that will be given to each CIT the last week of Camp. This evaluation will be referred to when the CIT is applying for work at Camp next year; however, there is no guarantee of employment. The other evaluations will be done periodically so the CIT will have a clear understanding about the exceptions that the Ewing Recreation Day Camp has of him/her. CIT's that attend for a short period of time will receive at least one evaluation from the CIT Coordinator.

DATE: \_\_\_\_\_

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

ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Gender: \_\_\_\_\_ Shirt Size: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

PARENT / GUARDIAN NAME: \_\_\_\_\_

PARENT EMAIL: \_\_\_\_\_

(H): \_\_\_\_\_ (C): \_\_\_\_\_ (W): \_\_\_\_\_

REGISTRATION FEES: \$50.00 per week. Minimum first payment is \$50 for CIT.  
**Ewing residents only!**

Camper can also attend regular Summer Camp on weeks #1, Post 1 and Post 2 or Teen Travel.  
Regular camp fees apply. See Ewing Summer Camp for registration form and information.

**Please check off the weeks you would like to attend as a C.I.T.**

Week#2: 7/3 \_\_\_\_\_ Week#3: 7/10 \_\_\_\_\_ Week#4: 7/17 \_\_\_\_\_

Week #5: 7/24 \_\_\_\_\_ Week#6: 7/31 \_\_\_\_\_ Week #7: 8/7 \_\_\_\_\_ Week #8: 8/14 \_\_\_\_\_

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## OFFICE USE ONLY

Amount Paid: \_\_\_\_\_ Cash: \_\_\_\_\_ Check#: \_\_\_\_\_ Receipt#: \_\_\_\_\_

Credit Card: \_\_\_\_\_ Received by: \_\_\_\_\_ Date: \_\_\_\_\_

**ACKNOWLEDGMENT OF RISK**

**Please read and complete for each registered camper**

**Ewing Day Camp, Teen Travel, Pre & Post Camps, Early & Late Hours, field trips and C.I.T.**

I am aware that participating in this activity can be dangerous and involves risk of injury. I realize that participation in any of the above-mentioned activities or programs presents risk, which includes minor or serious injury to any part of the body. These injuries could lead to temporary or permanent disability or even death. While the possibility of serious injury to participants is unlikely, it is important that all participants and parents realize that these risks do exist.

**PARENT/GUARDIAN AGREEMENT**

I also recognize and acknowledge that there are certain risks of physical injury inherent in the named minor's participation in any of the above-mentioned programs. He/she understands that he/she must obey all rules and regulations, follow all safety procedures, and obey any and all instructors and or counselors assigned to the program. My child and I understand the rules and the risks associated with this program, and my child and I agreed to accept our responsibility in making this program a safe one.

I certify that the minor is in proper physical condition for safe participation in any of the Ewing Recreation Camps, and I agree that it is incumbent upon me to immediately inform the appropriate Ewing Camp Program Director and the Ewing Recreation Office should the minor's physical condition change at any time prior to or during his/her participation in the program.

I expressly agree that this agreement is intended to be as broad and inclusive as permitted by the Laws of the State of New Jersey, and if any portion of the agreement is held invalid, it is agreed that the balance shall continue in full legal force and effect and be valid.

In consideration of the Ewing Recreation Department permitting the named minor to participate in any of the Recreation Department summer camp programs previously mentioned, the undersigned, being the parent(s) or legal guardian of

(Please print camper's name) \_\_\_\_\_

hereby waive and relinquish all claims I may have as a result of said minor participating in the program against the Ewing Township Recreation Commission, Ewing Township Recreation Department, and Ewing Township Mayor and Council, its offices, agents, servants and employees from any and all claims for injuries including death, damage or loss of property, which may accrue to us on account of the minor's participation in said program. We further agree to hold harmless the Ewing Township Recreation Commission, Ewing Recreation Department and Ewing Township Mayor and Council, its officers, agents, servants, and employees from any and all such claims.

Parent or Legal Guardian (PRINT NAME) \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_