



**Town of LaGrange Parks & Recreation Department**  
120 Stringham Road  
LaGrangeville, NY 12540  
845-452-1972 www.lagrangeny.gov

**Changing Lives...Inspiring Play...Fostering Teamwork!**

## **2019 C.I.T. PROGRAM APPLICATION**

This program is for 15-16 years old with two prior seasons of camp experience.

Participant's Name \_\_\_\_\_

Age \_\_\_\_\_ DOB \_\_\_\_\_ Gender \_\_\_\_\_

The Town of LaGrange CIT Program includes training and preparation for young people to learn the employment opportunities that exist in Parks & Recreation and to provide hands on training specific to becoming a Camp Counselor. The training starts with this application. Groups of CITs will be chosen based on the questions below. Each CIT will be placed in a session to best fit the needs of the program and match the skills of each CIT. This training program is not based on "first come, first served" as most of our other programs are. Each CIT will be placed in one session, additional sessions may be available and will be given to CITs who show the most potential of becoming future employees of the LaGrange Parks & Recreation Department.

**Please tell us (to be filled out by the CIT):**

**1. Why do you want to be a CIT?**

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**2. What do you expect to learn from being a CIT?**

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**3. What skills do you have that you can share with campers, other CITs and counselors during your training as a CIT?**

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**4. What is one activity (game) that you would be able to teach campers during downtime. Please give name of activity and brief explanation of how to play.**

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**Please provide two references and phone numbers:**

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

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

Number of years as a camper \_\_\_\_\_ Where? \_\_\_\_\_

Have you previously been a CIT? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, where? \_\_\_\_\_

Please indicate in **order of preference** (1-3) which session you would like to attend (1 being first choice, 3 being last choice). Please be aware before registering that the CIT Program requires that participants attend every day of the two-week program. If you cannot make an entire session please cross it out (crossing out all but one session will not guarantee acceptance into that session).

Session #1 (7/1—7/12) \_\_\_\_\_ Session #2 (7/15—7/26) \_\_\_\_\_ Session #3 (7/29—8/9) \_\_\_\_\_

**If available, are you interested in additional sessions? Y \_\_\_\_\_ N \_\_\_\_\_**

**T-Shirt Size:** (please circle): YS YM YL AS AM AL AXL ( If no t-shirt size is selected an Adult Small will be given).

**PARENT/GUARDIAN #1:**

Name : \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Which number is best to call *first* during camp hours if we need to reach you? (Circle one):** Home Cell Work

**PARENT/GUARDIAN #2:**

Name : \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Which number is best to call *first* during camp hours if we need to reach you? (Circle one):** Home Cell Work

\*\*\*Is there any important court/custody information that needs to be shared with us? Yes \_\_\_\_\_ No \_\_\_\_\_  
(If YES, copies of court documents must be provided).

**EMERGENCY CONTACT:** (must be at least 18 years old)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

**ALTERNATE PICK-UP LIST (if applicable):**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

**Photo Release:**

I hereby grant the Town of LaGrange permission to use my child’s photograph, video picture and/or other digital reproduction of him/her or of his/her physical likeness for publication and/or promotional purposes of Town of LaGrange Parks and Recreation activities.

Please Check: \_\_\_\_\_ Accept \_\_\_\_\_ Decline

➡ **Parent / Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**PERMISSION / AGREE TO HOLD HARMLESS:**

As the participant signed below, knowing fully that the Town of LaGrange Parks & Recreation Department provides the program, activity and or special event and all aspects associated with these being— Facility (s), Instructor (s), Equipment and Supervision: I hereby: 1. Agree to furnish my own insurance in case of injury, 2. Assume all risks and responsibilities of possible injury involved with participating in this program, activity and or special event. 3. Testify that I am in sound health and capable of participating in the registered program. 4. Further agree to indemnify and hold harmless the Town of LaGrange Parks & Recreation Department or employees , to include volunteers from liability resulting from my participation in this program, activity or special event.

➡ **Parent /Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Medical History:**

If you are chosen for a CIT position you will receive a letter along with a CIT Acceptance and Health Form. The Health Form requires current medical history and immunization records.

Please list below any medical condition, allergy or special requirements for the program participant:

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

PHYSICIAN NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

MEDICAL INSURANCE COVERAGE? (Yes /No)

COMPANY NAME \_\_\_\_\_ ID# \_\_\_\_\_

In case of emergency, I hereby give permission to the medical personnel selected by the camp, in my absence, to act as my agent in securing proper medical treatment for my child as named above, including hospitalization, routine tests, X-rays and other medical treatment. Every possible effort will be made to contact parents in the event of an emergency.

➡ **Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

I give the Town of LaGrange and Recreation Staff permission to apply to my child the following topical ointments if needed while participating in our program:

Neosporin: YES \_\_\_\_\_ NO \_\_\_\_\_ Deet-Free bug spray: YES \_\_\_\_\_ NO \_\_\_\_\_ Sunscreen: YES \_\_\_\_\_ NO \_\_\_\_\_

➡ **Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Office Use Only**

(Resident) **\$200.00** X \_\_\_\_\_ session (s) = \_\_\_\_\_

(Eligible Non-Resident) **\$250.00** X \_\_\_\_\_ session (s) = \_\_\_\_\_

**Total Amount Due** \$ \_\_\_\_\_

Payment Received Date \_\_\_\_\_ Cash /Check # \_\_\_\_\_

CIT Accepted \_\_\_\_\_ CIT Declined \_\_\_\_\_

**Session Placement:** Session 1 \_\_\_\_\_ Session 2 \_\_\_\_\_ Session 3 \_\_\_\_\_