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

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

2015 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?**

_____

_____

_____

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

_____

_____

_____

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

_____

_____

_____

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.**

_____

_____

_____

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 (7/6—7/17) _____ Session #2 (7/20—7/31) _____ Session #3 (8/3—8/14) _____

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 _____**

SEND NO MONEY NOW. Return completed application **by May 1, 2015** to:

Recreation Director
LaGrange Town Hall
120 Stringham Road
LaGrangeville, NY 12540

CIT positions are limited. If chosen, you will be notified approximately one week after the application deadline. Bus Transportation is available to CIT's for $25.00 per session with stops at Overlook School, Apple Valley Shopping Center (Walgreens end) and Noxon Elementary School.

Office Use Only

(Resident) **$100.00** X _____ session (s) = _____

(Eligible Non-Resident) **$150.00** X _____ session (s) = _____

Bus Transportation **$25.00** X _____ session (s) = _____

Total Amount Due $_____

Payment Received Date _____ Cash /Check # _____

CIT Accepted _____ CIT Declined _____

Session Placement: Session 1 _____ Session 2 _____ Session 3 _____

Bus Stop: _____