



COUNSELOR IN TRAINING - APPLICATION

(Please return to ehsc@sportimemy.com or mail to EHSC@SPORTIME, PO Box 778, Amagansett, NY 11930)

Name: _____ Date of Birth: ___/___/___ School: _____

E-Mail: _____ Cell Phone: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Please indicate the weeks that you are applying for (*a minimum of 3 weeks is required, the cost is \$500 per week*):

- July 1-5 July 8-12 July 15-19 July 22-July 26
- July 29-Aug 2 Aug 5-19 Aug 12-16 Aug 19-23 Aug 26-30

Please answer the following questions on a separate sheet:

1. Why do you want to be involved in our CIT program and work at a day camp?
2. With which age group would you most like to work (between the ages of 3 and 9)?
3. What unique contributions do you think you can make at camp?
4. What is your experience working with children?
5. Which sports do you play or enjoy?
6. Describe a past experience with a teacher, coach or counselor that you feel prepared you or could help you to be positive role model to campers?
7. Please tell us something else that you would like to share about yourself, including any interests or relevant information or experiences that would help us to evaluate your application.

Applicant Signature: _____ Date: _____
Parent/Guardian Name/s: _____

Parental Agreement: LIABILITY WAIVER AND ASSUMPTION OF RISK AND RELEASE: As parent or legal guardian of the above CIT applicant, I hereby give permission for my child to participate in the EHSC@SPORTIME CIT PROGRAM, and agree to comply with all program rules and regulations, including providing EHSC@SPORTIME with appropriate medical exams and records of immunization. In the case of accident or injury where an emergency contact person cannot be reached, I grant EHSC@SPORTIME permission to obtain medical attention for my child, if necessary, for which I will be financially responsible. I hereby release EHSC@SPORTIME and the owners, management and staff of SPORTIME camps from any and all responsibility for bodily injury, property damage or theft of personal property that may occur while my child is enrolled in this CIT program on or off SPORTIME premises. This includes, but is not limited to, bodily injury or property damage that may occur while my child is being transported by EHSC@SPORTIME to and from SPORTIME premises, or between camp facilities. This release applies individually and jointly to other CITs and campers, their friends or their family members. EHSC@SPORTIME reserves the right to remove any CIT or camper for conduct deemed to be detrimental to the camp. I further understand that EHSC@SPORTIME retains the rights to any photographs or video taken at the facility to be used for publicity or advertising.

Parent/Guardian Signature/s: _____ Date: _____

Registration Information: Enrollment is limited. Spaces are reserved on a first-come, first served basis, pending approval of application materials, and upon receipt of a completed application and a deposit of \$500. All balances are due May 1, 2019. Payment in full is required for any CIT who registers after May 1, 2019. EHSC@SPORTIME reserves the right to charge the credit card supplied below for any balance due on May 1, 2019. Any request for a refund of CIT tuition or deposit (less a \$100 cancellation fee) must be received prior to May 1, 2019. No refunds will be given after May 1, 2019. No make-up days will be granted for absences.

Payment information:
 Please charge the credit card listed below for the required program deposit to hold my spot and charge the balance on May 1st.
 Check Payment enclosed for \$_____
 Please charge the credit card listed below for the full program cost (required if enrolling after May 1st).
 MasterCard Visa Amex

_____ EXP: ___/___/___