



Saint John YMCA-YWCA



Counselor In Training Application Form

Part 1 - Personal Information

Name: _____

Address: _____

City: _____ Postal Code: _____

Telephone: _____ Date of Birth: _____

Medicare #: _____ Expiry Date: _____

Have you attended Y Day Camps before: Yes No

Parent/Guardians Name: _____

Home Number: _____ Work Number: _____

Emergency Contact (different than person listed above)

Name: _____

Home Number: _____ Work Number: _____

Medical Information

Do you have any allergies? Yes No

If yes, please list: _____

Will you be taking any medication at camp? Yes No

If yes, please list: _____

Part 2 - Application Letter

Please submit with your application a letter indicating why you would like to be a CIT for the summer and what skills/experience you have that would support your application.

All applications can be returned to the Membership Services Desk and will be processed on a first come first served basis.

Part 3 - Parent Permission

In permitting my child _____(print camper's name) to attend Camp, operated by the Saint John YMCA-YWCA Inc., I, the undersigned, permit my child to participate in the full range of camp activities. I authorize the Camp Coordinator and his/her appointee in the event of an accident or illness affecting the above named camper to authorize on my behalf all procedures necessary therein, as he/she may deem essential for the care and well-being of said camper. In the event I cannot be reached, I hereby give permission to the physician selected by the Camp Coordinator to hospitalize, secure proper treatment, order injections, anesthesia or surgery for my child as named above. I give permission to the Saint John YMCA-YWCA Inc. to transport my child in the YMCA-YWCA vehicle providing the driver and the said vehicle is properly insured for the carrying of passengers. To the best of my knowledge, the information on this form is accurate.

In consideration of _____(print camper's name) (hereinafter referred to as 'Camper') being permitted by Camp to participate in its activities and to use its equipment and facilities, I agree to indemnify and hold harmless Camp from any and all claims, causes of action, actions or demands whatsoever which are in any way connected with such use or participation by Camper.

I understand that the pictures taken at Camp may be used for promotional purposes. We collect, use and disclose personal data only in order to better meet your service needs, to ensure the safety of children in our care, for statistical purposes, to inform you about the YMCA-YWCA program or service in which you are registered, and to satisfy government and regulatory obligations. You may also hear from us periodically about other YMCA-YWCA programs, services and opportunities that may interest you. We do not share this information with any other party.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____