

Counselor In Training— REGISTRATION FORM

Too old to be a camper but too young to be a counselor? Get ahead on developing important job skills during an active week of learning games and leadership skills. CIT's will assist counselors in our Recreational Summer Camps. Participants should be interested in working with children and possess maturity, flexibility, a strong work ethic, and the ability to have fun. The CIT program is an educational program, with a curriculum designed to develop the technical skills necessary to be an effective camp counselor. Your participation in a CIT program can lead to leadership opportunities at school, in extracurricular activities and at future jobs.

Age: **Entering Grade 7 to Grade 9**
Location: **Finn or Woodward School**
Time: **8:30 am to 12:30 pm (to include snacks every day)**

Program Fee: **\$150 pp/week (must sign up for 2 weeks) additional weeks will be on waitlist**

Participant Name: _____
DOB : _____ **Age:** _____ **Grade entering Fall 2017:** _____
Address: _____ **Home Phone:** _____
Email: _____

(Email will be our first and primary means of contact, with multiple emails, please place ; after each email account)

Emergency Information:

Name of parent: _____
Number where parent can be reached at all times: _____
Who do you authorize to pick up your child in your absence?
1. _____ Phone #: _____
2. _____ Phone #: _____

Please circle your selection below (dates and camp location)

Please number in order of preference if registering for more than 2 weeks.

Week	1 6/26-6/30	2 7/3-7/6	3 7/10-7/14	4 7/17-7/21	5 7/24-7/28	6 7/31-8/4	7 8/7-8/11	TOTAL
FINN	\$150	\$120	\$150	\$150	\$150	\$150	\$150	
WOOD- WARD	\$150	\$120	\$150	\$150	\$150	\$150	\$150	

Make checks payable to Southborough Recreation. **No Refunds.** **No changes accepted after June 15, 2017.**

A credit, however, may be applied to another week (or weeks) of CIT camp ONLY on the current year.

I agree not to hold responsible the Southborough Recreation Commission; the Town of Southborough; the owners of the premises where the program is held; or any of the parties connected with the program for any injury or accident that may occur during the program. I understand that if my child becomes a discipline problem he/she will be dismissed from the program. No money will be refunded. I also grant permission for the Recreation staff to seek medical care in the event I cannot be reached. (All participants in any town recreation program must complete this waiver.)

Signature Parent/Guardian : _____ **Date:** _____