

# 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

Participant Name: _____		
DOB _____	Age: _____	Grade entering Fall 2019: _____
Address: _____		Home Phone: _____
Email: _____		

## 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)**

Week	1 6/24-6/28	2 7/1-7/5	3 7/8-7/12	4 7/15-7/19	5 7/22-7/26	6 7/29-8/2	7 8/5-8/9	TOTAL
FINN	\$155	\$124	\$155	\$155	\$155	\$155	\$155	
WOOD- WARD	\$155	\$124	\$155	\$155	\$155	\$155	\$155	

Make checks payable to Southborough Recreation. **No Refunds.** **No changes accepted after June 14 , 2019.**

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** \_\_\_\_\_