



# COUNSELOR IN TRAINING APPLICATION

## Summer Day Camp Program

*Building tomorrow's future today!*

### Applicant Information (please print or type)

Name			
Birthdate		Age	
Address			
City		Zip Code	
School		Grade (Fall 2018)	
Contact Phone			
Email			

### Parent Information

Parent's Name		Phone	
Parent Email			
Parent's Name		Phone	
Parent's Email			

### Personal Information

Do you have any medical conditions/special needs?	Yes / No
If so what?	
Do you have any allergies?	Yes / No
If so what?	

### Release and Indemnification Agreement

In consideration of my child's participation in the Day Camp, I the undersigned hereby voluntarily release, waive, discharge and relinquish any and all actions or causes of action for personal injury, property damage or wrongful death occurring to my child arising as a result of engaging or receiving instructions in said activity or any activities incidental thereto wherever period said activities or instructions may continue, and the undersigned does for him/herself and for his/her estate, agrees that under no circumstances will he/she or his/hers heirs, executors, administrators and assigns prosecute, present any claim for personal injury, property damage or wrongful death against the City of Vista or any of its officers, agents, servants, or employees for any of said cause of action, whether the same shall arise by the negligence of such persons, or otherwise. IT IS MY INTENTION, BY THIS INSTRUMENT, TO EXEMPT AND RELIEVE THE CITY OF VISTA and he/she shall indemnify and save harmless the same CITY OF VISTA, a chartered municipal corporation, from any and all claims or causes of action by whomever or wherever made or presented for personal injuries, property damage or wrongful death.

**The Undersigned acknowledges that he/she has read the foregoing paragraphs, has been fully and completely advised of the potential dangers incidental to engaging in this activity and is fully aware of the legal consequences of signing this document.**

Parent/Guardian (print)			
Parent/Guardian Signature		Date	

**Please complete reverse side**

# COUNSELOR IN TRAINING CONTRACT

Our goal is to provide each Counselor In Training (CIT) an opportunity to build character and learn responsibility through observation and experience while assisting in the City of Vista Day Camp Program. The following outlines some basic expectations as it relates to the work of a CIT.

CIT Initials	Parent Initials	CIT Expectations
		<b><u>Dress Code:</u></b> I will wear the designated apparel each day I work including name tag, lanyard and closed-toe shoes. I will further wear pants/shorts that are appropriate as designated by the standard RCS Department dress code.
		<b><u>Work Habits:</u></b> I will observe the designated work hours, 9a-3p, and arrive on time as expected. I will further inform the supervising staff member of any days I will not be in attendance due to illness or other factor prior to my start time.
		<b><u>Assignment:</u></b> I understand my camp assignment will be at the discretion of the supervising staff member in order to provide a well rounded view of the camp program. I further understand I will <i><u>NOT</u></i> be assigned to Adventure Camp.
		<b><u>Responsibilities:</u></b> I understand I will be assigned a wide variety of tasks in support of the Day Camp Program these may include but are not limited to snack preparation, gathering supplies, leading/planning activities and cleaning.
		<b><u>Personal Relations:</u></b> I will conduct myself in a manner that is appropriate for a person of my position. This includes proper use of language, having only suitable conversations and treating all individuals with respect.
		<b><u>Performance:</u></b> I will follow the directions given to me by all supervising staff and will finish each assignment as it was delegated within the time frame allotted. I will further insure each project is thoroughly and accurately completed.
		<b><u>Electronic Devices:</u></b> I understand that personal cell phones, MP3 players and other electronic devices are <i><u>NOT</u></i> permitted to be used during designated work hours.
		<b><u>Initiative:</u></b> I will take the initiative by engaging in activities or assisting staff that require additional support without the prompting of supervising staff. I will also make suggestions that support the smooth operation of the program.
		<b><u>Safety:</u></b> I understand that I am a role model for young campers and I will model positive behaviors including observance of all safety rules and protocols and the proper use and care of equipment.
		<b><u>Supervision:</u></b> I understand that I am a Counselor-in-Training and have limited responsibilities in regard to camper supervision. I will not discipline a child for any reason, but will work with the staff to report and observe the process.
		<b><u>Sign in/out:</u></b> I will sign in and out each day on the designated attendance sheet with the supervision and approval of a parent/guardian.
		<b><u>Walk Home Authorization</u></b> (optional): I have approval from my parent to sign-out and walk home once my shift has ended for the day. Authorized time (optional):

I understand that I am fully responsible for my behavior and actions. I will also accept the consequences and learn from my mistakes. These may include but are not limited to discussion with program supervisor, written warning, re-assignment, suspension for a specified period of time, expulsion from the program or any combination therein. All disciplinary actions will be at the discretion of the program supervisor depending on the severity of the infraction.

## Applicant Signature

Applicant Signature		Date	
Parent Signature		Date	

CITY OF VISTA  
RECREATIONAL PARTICIPANT EXPRESS ASSUMPTION OF THE RISK, RELEASE, WAIVER AND INDEMNITY AGREEMENT

PROGRAM: Counselor In Training / Summer Day Camp Program

No PARTICIPANT may participate with the Program unless and until this form is initialed & signed by the PARTICIPANT (or the PARTICIPANT's parent/legal guardian if applicable)

EXPRESS ASSUMPTION OF THE RISK

Recreational sports and activities ***INVOLVE INHERENT RISKS OF INJURY, DEATH OR PROPERTY DAMAGE*** that no amount of care, caution, instruction, or expertise can eliminate. Participation in recreational sports and activities ***ALSO EXPOSES ONE TO ADDITIONAL RISKS***, whether inherent or not, caused by things such as conditions of property, equipment provided or conduct of others, including other participants, spectators, or employees/agents/independent contractors of the City of Vista. These risks can be encountered whether or not actually participating in the recreational sport or activity. ***PARTICIPANT FREELY ASSUMES ALL RISKS WHETHER OR NOT SPECIFICALLY DELINEATED.*** \_\_\_\_\_ (Initial)

RELEASE AND WAIVER OF LIABILITY

In consideration for permission to participate in the program, the undersigned agrees to ***FOREVER RELEASE, DISCHARGE, AND WAIVE ANY AND ALL LIABILITY CLAIMS OR DEMANDS AGAINST THE CITY OF VISTA*** or their employees/agents/independent contractors/volunteers ("Releasees") that the ***UNDERSIGNED, HIS OR HER PERSONAL REPRESENTATIVE(S), SUCCESSOR(S) IN INTEREST, ASSIGN(S), HEIR(S), OR DEPENDENT(S)*** has or might have against Releasees, whether or not caused by the negligence of Releasees or any other person or entity, arising out of participation in the program. \_\_\_\_\_ (Initial)

INDEMNITY

In consideration for permission to participate in the program, the ***UNDERSIGNED, HIS OR HER PERSONAL REPRESENTATIVE(S), SUCCESSOR(S) IN INTEREST, ASSIGN(S), HEIR(S), or DEPENDANT(S)*** ***AGREE TO INDEMNIFY, HOLD HARMLESS AND DEFEND*** Releasees from any legal obligation or liability, whether or not caused by the negligence of Releasees or any other person or entity, arising out of participation in the program. The duty to defend exists independently of any duty to indemnify. \_\_\_\_\_ (Initial)

ACKNOWLEDGEMENT

By signing the ***THIS EXPRESS ASSUMPTION OF THE RISK, RELEASE, WAIVER, AND INDEMNITY AGREEMENT ("AGREEMENT")***, the undersigned acknowledge(s) that: (1) participation in recreational sports and activities is voluntary and does not involve public interests; (2) that the ***AGREEMENT*** has been read and understood; and (3) that the ***AGREEMENT is a contract that EXTINGUISHES CERTAIN LEGAL RIGHTS AND IMPOSES OTHER LEGAL OBLIGATIONS.*** Failure to initial where indicated above does not invalidate the ***AGREEMENT.*** Additionally, if the Participant is a minor his or her custodial parent or legal guardian must read and execute this ***AGREEMENT*** and by signing agrees to be bound by the ***AGREEMENT*** and agrees to bind the minor to the ***AGREEMENT.***

Participant's Name (Print): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Legal Guardian Name (Print): \_\_\_\_\_ Relation \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

(PLEASE PRINT CLEARLY)