

2018 C.I.T. Application Checklist

This checklist is to assist you in filling out your 2018 Camp Adventure C.I.T. Application. In order for your child to be eligible to be a C.I.T. at Camp Adventure, they must have attended Camp Adventure as a camper, be 14 years old by the start of camp, and be going into at least 9th grade.

If you have any questions throughout the registration process, you can call Scott or Fran at 954-475-8650.

- 1. ___ Download Camper Application (all 5 pages).**
- 2. ___ Read Page 1 - "Camp Adventure C.I.T. Program" information with your child and both sign on the bottom of the page.**
- 3. ___ Read/Review/Fill Out Page 2 - "C.I.T. Application" - Name, Age, School, Grade Going Into, Address, Sessions or Weeks Attending, Parent Information, Emergency Contact, Pick-Up Authorization, Parent/Guardian Signature.**
- 4. ___ Fill Out Page 3 - "Health and Emergency Information" - to include proof of insurance and Camp Adventure Release of Liability and sign.**
- 5. ___ Fill Out Page 4 - Camp Shirt/Camp Adventure Cell Phone Policy Form and sign.**
- 6. ___ Write Deposit Check in the Amount of \$175 to cover registration fee (\$50) and \$125 first week camp fees.**
- 7. ___ Mail Packet to:**

**Camp Adventure, Inc.
9470 SW 49th Place
Cooper City, FL
33328**

Camp Adventure C.I.T. Program

954-475-8650

Welcome to Camp Adventure! We are looking forward to another fun filled summer, with many new faces, as well as returning campers, and C.I.T.'s to help make this summer one of the best ever! The Camp Adventure C.I.T. Program will only be taking applicants that have been campers at Camp Adventure prior to applying as a C.I.T., are a minimum of 14 years old by the start of camp, and must be entering at least 9th grade. **The Camp Adventure C.I.T. Program will cost \$125 per week, with a one time \$50 registration fee.** Each C.I.T. will be given a self-evaluation every Wednesday to be completed and turned in to their counselor Thursday. Their counselor will complete an evaluation Thursday, then give both evaluations to Scott. Scott will average the scores to determine each C.I.T.'s weekly pay. 38 - 40 points will earn \$75, 34-37 points will earn \$50, and 30-33 points will earn \$25. If a C.I.T. fails to earn a minimum score of 30 points for the week, **they will not be paid.** The C.I.T. will be given a one week probation to improve their job performance. C.I.T.'s who cannot perform to expectations may come to camp as a camper, or may make other summer plans.

Camp Hours:

Early Drop Off: 7:30 - 8:30 A.M.

Regular Camp Hours: 8:30 - 4:30

Extended Hours: 4:30 - 6:00

Camp Adventure C.I.T. Rules and Regulations

1. C.I.T.'s will be assigned to a group and counselor and are to assist counselor as needed.
2. C.I.T.'s are to arrive and depart camp at their scheduled times.
3. C.I.T.'s will notify Scott, Fran, or Nicole if they are arriving late, leaving early, or not coming at all. **Camp Adventure - 954-475-8650,**
4. C.I.T.'s must dress appropriately at all times. Yellow C.I.T. shirt daily.
5. C.I.T.'s must not, at any time, get into arguments with campers, C.I.T.s, or counselors.
6. C.I.T.'s must not, at any time, use inappropriate language at camp.
7. C.I.T.'s must not, at any time, wander off from their assigned areas.
8. Bring or buy your own lunch and snacks. No asking counselors/campers for food!
9. C.I.T.'s must not, at any time, ask campers or counselors to loan them money at camp.
10. **No Cell Phones or Ipods! See cell phone policy.**

I, _____, have read and understand the C.I.T. Program Requirements set forth by Camp Adventure, and promise to do my best to adhere to these rules and regulations with the complete understanding that failure to follow set rules and regulations may lead to my dismissal as a Camp Adventure C.I.T.

C.I.T. Signature Date

Parent Signature Date

Camp Adventure, Inc.
Summer Camp 2018
“A Fun-Filled Summer Camp Adventure”
9470 SW 49th Place, Cooper City, FL 33328
C.I.T. Application

C.I.T.'s Name	Age	M/F	School	Grade Going Into
---------------	-----	-----	--------	------------------

*Address	City	State	Zip Code	Home Phone#
----------	------	-------	----------	-------------

If CIT is attending by session, please check here:

CIT Will Attend: Session 1: _____ Session 2: _____ Session 3: _____ Mini-Camp: _____
6/11-6/29 7/2 -7/20 7/23-8/10 8/13-17

If CIT is attending on a weekly basis, please check here:

Weekly: Week 1: _____ Week 2: _____ Week 3: _____ Week 4: _____ Week 5: _____ Week 6: _____
6/11-15 6/18-22 6/25-29 7/2-6 7/9-13 7/16-20
Week 7: _____ Week 8: _____ Week 9: _____ Mini Camp: #1 (Wk. 10): _____
7/23-27 7/30-8/3 8/6-10 8/13-17

Mother's Name: _____ Work Phone: _____ Cell# _____

Father's Name: _____ Work Phone: _____ Cell# _____

Emergency Contact Other Than Parent: _____

Relationship: _____ Phone #: _____

Pick-Up Authorization: The following people are authorized to pick up my child from camp:

Name: _____ Name: _____

I authorize Camp Adventure to obtain medical attention for my child in the event of an emergency and agree to submit the Camper Medical Form and the Emergency Consent form.

Parent or Guardian Signature	Date
------------------------------	------

C.I.T. Health and Emergency Information

C.I.T. : _____

Ins. Comp.: _____

Card Number.: _____

C.I.T. Physician: _____ Phone #: _____

C.I.T. Dentist: _____ Phone #: _____

Special Concerns: _____

In case of illness or injury: If we cannot contact parents in whose care may we release the camper?

Name: _____ Cell Phone: _____

Relationship: _____

Parent/Guardian's Signature Date

Camp Adventure Release of Liability

I acknowledge that participating in this camp carries with it the risk of injury. These risks include, but are not limited to, those caused by terrain, weather, equipment, and /or outside vendors of camp events. These risks are not only inherent to campers and C.I.T.s, but are also present for camp staff. It is understood that all precautionary measures will be taken during the program operation. I hereby assume all of the risk of participating in this camp. I acknowledge that this Accident Waiver and Release of Liability form will be used by the camp administration in which I may participate, and that it will govern my actions and responsibilities at said camp events.

If parent, guardian, or emergency contact person cannot be reached by phone, I hereby consent to allow my child to receive medical treatment which may be deemed advisable in the event of injury, accident, or illness while participating at Camp Adventure. The Release of Liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

All children participating in camp activities must carry accident insurance and must have this Release of Liability form on file.

I hereby certify that I have read this document and fully understand it's content.

Parent/Guardian's Signature: _____ Date: _____

Camp Adventure, Inc. Shirt Order Form
All C.I.T.s Receive Three C.I.T. Shirts.

Circle Size
Adult

Name: _____ S M L XL

Additional T-Shirts - \$10:00 each

Quantity	Size	Amount
T-Shirt _____		

Total: _____

C.I.T. Cell Phone Policy

NO CELL PHONES! Each counselor and director has cell phones for emergency use. Leave your cell phones home. With the technology available today, it is impossible to monitor the use of cell phones and the appropriateness of what the C.I.T.'s are viewing. Scott will have a bin for anyone who feels the need to bring a phone to camp. The bin will be kept locked in Scott's truck, with the phones returned at pick up. **NO EXCEPTIONS!** *Consequence for using personal cell phone while at camp is immediate dismissal from the Camp Adventure, Inc. C.I.T. Program.*

C.I.T.'s Name: _____

C.I.T.'s Signature: _____

Parent/Guardian

Signature _____ Date: _____