2024 C.I.T Application Checklist

This checklist is to assist you in filling out your 2024 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 be at least 14 years old by the start of camp, and be going into at least 9th grade. All C.I.T.s that are 14 and going into 9th grade will only be placed from K through 4th grade, while 15 to 17 years old may be placed from K - 9th grade.

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

1.____Download C.I.T. 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, and Bottom Placement Choices With Date.

4.____Fill Out Page 3 - "Health and Emergency Information" - to include proof of insurance and Camp Adventure, Inc. 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 of camp fees.

7.____Mail Packet to:

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

2024 Camp Adventure C.I.T. Program

Welcome to Camp Adventure! The Camp Adventure C.I.T. Program will only be taking applicants that will be 14 years old by the start of camp, and must be entering at least 9th grade. For all 14 year old applicants entering 9th grade, placement will be from K to 4th grade. For all 15 to 17 year old applicants. placement will be from K to 9th grade. In addition, there will be a minimum time requirement of 5 weeks total attendance for the summer, and a minimum of 2 weeks attendance prior to session 3 in order to attend session 3. 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 form 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/refund. 38 - 40 points will receive \$125, 34 - 37 points will receive \$100, 30 - 33 points will receive \$75. 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, if space is available, or may make other summer plans.

Camp Hours:

Early Drop Off: 7:30 - 8:30 A.M. Regular Camp Hours: 8:30 A.M. - 4:30 P.M. Extended Hours: 4:30 P.M. - 6:00 P.M.

Camp Adventure C.I.T. Rules and Regulations

- 1. C.I.T.'s will be assigned 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 or Fran if they are arriving late, leaving early, or not coming in to camp that day 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 the 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.

Camp Adventure, Inc. Summer Camp 2024 9470 SW 49th Place, Cooper City, Florida 33328 C.I.T. Application

C.I.T.'s Name	Age	M/F	School	Grade Going Into			
*Address	City	State	Zip Code	Phone Number			
If C.I.T. is attending b C.I.T. will attend:	y session	, please cheo	ck here:				
Session 1:Session 2:Session 3:Week 10:6/11 - 6/287/1 - 7/197/22 - 8/98/12-16If C.I.T. is attending on a weekly basis, please check here:(C.I.T. must attend camp a minimum total of 5 weeks, and a minimum of 2 weeksprior to session 3 in order to attend session 3).							
-				::Week 5: 7/1-5 7/8-12			
				e:Week 10: 8/5-9 8/12-16			
Mother's Name:		Work #		Cell#			
Father's Name:		Work #		Cell#			
Emergency Contact:		Phone #					
Pick-Up Authorization:	The follow	ring people ar	e authorized to	pick up my child at camp:			
Name: Name:							
	nture to ob	otain medical	attention for m	y child in the event of an gency Consent Form.			
Parent or Guardian Signature:Date:_Date				Date:			
Please fill out the bottom to help Scott with C.I.T. placement. Placement will be done on a first come, first serve basis. Circle choice #1 and <u>underline</u> choice #2.							
Lower Camp K - 2 1	/liddle Cam	np 3 - 5 Upj	per Camp 6 - 7	Teen Camp 8 - 9			
Today's Date:							

C.I.T. Health and Emergency Information

C.I.T. :		
Ins. Comp:		
Card #:		
C.I.T. Physician:		Phone #:
C.I.T. Dentist:		Phone #:
Special Concerns:		
care may we release t	he C.I.T.?	cannot contact parents in whose
Name	Relationsh	hip Phone #
Parent/Guardian Sign	ature Date	 e
Camj	o Adventure, Inc. Re	Release of Liability
risks include, but are not lin outside vendors of camp eve C.I.T.'s, but are also present measures will be taken duri	nited to, those caused ents. These risks are for camp staff. It is units of the program oper	arries with it the risk of injury. These ed by terrain, weather, equipment, and/or re not only inherent to campers and s understood that all precautionary eration. I hereby assume all of the risk of this Accident Waiver and Belease 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 health 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 Signature: Date:

Camp Adventure, Inc. Shirt Order Form All C.I.T.s Receive 3 C.I.T. Shirts with Registration

		Circle Size		
		Ad	lult	
Name:	S	Μ	\mathbf{L}	\mathbf{XL}
Additional T - Shirts - \$12.00 each				

Quantity Size Total Cost

Camp Adventure C.I.T. Cell Phone/Electronics Policy No Cell Phones! Each counselor and director have cell phones for emergency use. Leave your cell phones and any other electronics home! With today's technology it is impossible to monitor the use of cell phones and other electronics and the appropriateness of what is being viewed. 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 being returned at pick-up. **No Exceptions! Consequence for using personal cell phones while at camp is the immediate dismissal from the Camp Adventure C.I.T. Program.**

C.I.T.'s Name:_____

C.I.T.'s Signature:_____

Parent/Guardian	
Signature:	Date: