

2008 KIDSPLEX/TEENPLEX CIT* SUMMER CAMP APPLICATION FORM



Office: (919) 644-0339 x 228 Fax: (919) 644-2120 Email: plex4kids@trianglesportsplex.com

Mailing Address: KidsPlex at the Triangle SportsPlex, 1 Dan Kidd Drive, Hillsborough, NC 27278

To the Parents/Guardians: Please remember, this is your child's application and she/he should complete it on his/her own. Thank you!

Directions: Please complete all 4 parts of this application. Don't rush and put anything down just to get it done! Take your time and think carefully about your answers! Please write very neatly and in black ink.

When finished, you may mail or bring your application to us. Applications must be received by Friday, May 9, 2008, 6:00pm. CIT positions are filled on a first come-first serve basis.

PART 1: Please tell us a little about yourself.

A. What is your favorite:

Hobby/Pastime _____

School Subject _____

Book _____

Cartoon _____

Movie _____

TV Show _____

Color _____ Food _____ Ice Cream _____

Dream Vacation _____

Weekend Activity _____

Sport _____ Team _____

B. If you could learn to do anything, what would it be and why? _____

C. What do you want to be when you are an adult? _____

D. Do you participate in any extra-curricular activities (school clubs/teams, church groups, community groups/teams)? If so, tell us about each and describe your role in the club/group/team. If you need more space, attach extra sheets.

E. What person is the biggest role model in your life and why? _____

F. Have you attended any other camps? If yes, please list their names. _____

PART 2: Please tell us why you want to be a CIT. You may put your answers on a separate sheet of paper if you wish and attach it to this form.

A. Why do you want to be a CIT? _____

B. What experiences do you have working with children? Describe them. _____

C. What special qualities, training, skills, talents, certifications do you have that could help you as a CIT?

D. If chosen to be a CIT, what do you hope to accomplish by the end of your training? _____

PART 3: Ask two adults, other than your parents/relatives, to write you a letter of reference which speaks to how your qualities, character, reputation and abilities make you a good candidate for being chosen to be a CIT. These letters should be sealed by the writer and must be attached to this application. Please do not mail or ask the writers to mail their letters to us.

PART 4: Please read the following pledge very carefully. When finished, if you are in agreement with its contents, please sign and date the pledge.

PLEDGE: In submitting this application, I am confirming that I want to be and am ready for the additional responsibilities of a Counselor in Training. I promise to take my training seriously and to practice what I am being taught to the best of my ability. I promise to have a positive attitude when being taught by my Mentor Counselors, following their directions, and being corrected. I understand if, at any time during my training, I am not learning and putting into practice what I am learning to the best of my ability, my Mentor Counselors can decide that I may no longer be in the CIT program. I also understand, that if I break any of the Camp rules, I may be asked to leave the CIT Program.

Your Signature: _____ / _____ /2008

Your Parent/
Guardian's Signature: _____ / _____ /2008

Child's Name: _____ Gender: M F Upcoming Grade: _____

Circle T-Shirt Size: Youth Sizes: YS YM YL Adult Sizes: XS S M L XL 2XL

Family and Medical Information:

Is there is a family situation or custody concern of which we need to be aware? **NO YES**
(If YES, please attach explanation.)

Does your child have any special needs, services, restrictions, allergies, and/or medications about which we need to be aware: **NO YES** (If yes, please list/describe below. Attach additional sheets if necessary.)

If medicine is to be administered by staff during Camp, please fill out and attach an *Authorization of Medication for Child* form. We will not administer medicine without this form. **Self-medication is not permitted.**

SUMMER CAMP WEEKS

***** Please check each 2 week session you want to register your child. *****

Session 1:

_____ June 16—27

Session 2:

_____ June 30—July 11*

* \$180 for this session,
TSP closed Friday, July 4th.

Session 3:

_____ July 14—25

Session 4:

_____ July 28—August 8

Session 5:

_____ August 11—22

Please check payment method: Payment attached to form (driver's license # on check)
 Call for credit/debit card information (faxed registrations only)

IMPORTANT:

This registration will not be processed without correct initial payment.
Camp space is not secured until full balance is paid.

Waiver and Parent Signature: Please read the following waiver, then sign and date at the bottom.

We **cannot** accept any registration forms that do not have a parent/guardian signature and date.

In consideration of the above named registrant being granted permission by Recreation Factory Partners, LLC dba: Triangle SportsPlex to participate in this program and associated activities, I hereby accept and assume all risks said and release and hold harmless Recreation Factory Partners, LLC dba: Triangle SportsPlex and its officers, employees, agents and volunteers from any and all liability relating to or arising out of the above named person's participation. I authorize Recreation Factory Partners, LLC dba: Triangle SportsPlex and its officers, employees, agents and volunteers at any such person's discretion, to administer emergency first-aid treatment at my expense, to obtain the services of a physician and/or rescue squad and to authorize the same to affect such treatment of the above named person as the same deem advisable. Recreation Factory Partners, LLC dba: Triangle SportsPlex reserves the right to dismiss any child from the program if their behavior is disruptive to the other participants or the child is uncooperative.

Parent/Guardian Signature

_____/_____/2008
Date