



**Park City Summer Day Camp
Counselor in Training Program Application**

Applicant Information

Name _____ D.O.B. _____

Phone _____ Email Address _____

Mailing Address

Grade & School Fall 2022 _____

Shirt Size _____

Medical Concerns/Restrictions

Part I

What do you expect to gain from the Counselor in Training program?

What contributions will you make to our program?

Describe any extra-curricular school, team or club activities that you are involved with:

Part II

Please submit a one-page answer (may be double-spaced) to the following question with your application.

What struggles do kids face today and how can camp help?

The Counselor in Training program is very selective, with few spots available and high expectations for participants. Please read and consider the following before submitting this application:

- All communications and forms should be the work of the CIT applicant.
- There are a limited number of spots in the CIT program, and it is our hope to provide the camp environment and campers with the strongest possible CIT participants.
- Submission of an application does not indicate acceptance into the program. An interview is also required.
- Acceptance into the CIT program does not guarantee future employment with PCMC or Park City Recreation.
- Participation in the 10-week CIT program will cost \$50, paid in-full before June 1, 2022.

If you and your guardian agree and understand these terms, please sign below:

Applicant signature _____ Date _____

I agree to waive and release the City, its officers, agents and employees, from and against any and all claims, cost liabilities, expenses, or judgments, including any such claims which allege negligence, including attorney's fees and court costs arising from my, or my child's, participation in the City recreation programs or any resulting illness/injury, and hereby agree to indemnify and hold harmless the City from and against any and all such claims. I recognize that recreational events or activities can be dangerous to me or to my child and accept those dangers. I understand that if I am, or my child is injured, this waiver will be used against me and anyone else claiming damage because of my or my child's injury in any legal action. I also understand that no employee or agent is authorized to modify this waiver. I hereby represent that I understand and am familiar with the nature of the activities in which I or my child will participate at this facility or program, that I am or my child is in good health and that I or my child do not have a physical or emotional condition, past or present, of which I am aware, which would in any way affect my or my child's ability to participate in the event or activity. I understand that I should have health and accident insurance to cover injuries arising from participation in recreational activities.

I, the undersigned, have read and understand the above statements. I further agree that this waiver shall be effective now and each time I or my child uses the City facilities or participates in City programs.

Parent/Guardian signature _____ Date _____