



2013 Rec Summer Day Camp Junior Counselor in Training Program

Application for Returning Junior CITs

Please complete this application (both sides) for the 2013 Junior CIT Program due by May 10, 2013 at 5:00pm.
Return to Kaylie Webber at the Rec. Center, or mail to:

Jefferson County Parks & Recreation
Attn: Kaylie Webber
623 Sheridan Street
Port Townsend, WA 98368

Application is for 2013 Summer Day Camp Junior CIT Program. Registration is complete once registration form and payment is received. Returning Junior Counselor in Training applicants will be invited to a "Welcome Back Interview" and will be required to attend a Saturday June 1, 2013 camp training session as well as two full weeks of summer camp.

Name

Phone Number

Mailing Address

Email

School Attending

Grade in fall 2013

1. How many summers have you been a Junior CIT? In which camps were you a Junior CIT?
2. What activities did you enjoy the most? Least-and how could they be improved?
3. Describe a challenging situation you had to work through in camp last summer. How would you improve the situation?

4. Describe a game or activity you would like to teach this summer (including steps of how to introduce the game and rules). Use the back or another sheet if you need more space.

5. Which camp(s) would you like to be a CIT for and why? Please list any summer plans or conflicts you may have this summer.

6. Why do you want to continue to be a CIT and what is the greatest benefit to you?

7. What size shirt do you wear? YM YL AS AM AL AXL

Signature of Student

DATE

Signature of Parent/Guardian

DATE

Questions? Contact Kaylie Webber:
360-385-2221
kwebber@countyrec.com
www.countyrec.com



JEFFERSON COUNTY PARKS AND RECREATION (JCPR)
ASSUMPTION OF RISK, RELEASE OF LIABILITY AND CONSENT
 Jefferson County Parks and Recreation/623 Sheridan Street/Port Townsend, WA 98368
 Kaylie Webber, Rec Aide Supervisor; kwebber@countyrec.com
 Port Townsend Rec. Center/ voice: 360-385-2221/Fax: 360-344-3541



Junior Counselor in Training ~ Rec Summer Day Camp 2013

Participant First Name _____ Last _____ Age ____ Grade (Fall 13) ___M___ F___ Birthday_____

Mailing Address _____ City _____ Zip _____

Parent/Guardian One First Name _____ Last _____

Parent/Guardian Two First Name _____ Last _____

Home Phone _____ Alternate Phone _____ E-mail _____

Emergency Contact Name _____ Phone _____

Allergies or special needs _____

T-Shirt Size: YS YM YL AS AM AL AXL

(Please read carefully)

1. All participants are advised that Jefferson County Parks and Recreation Programs (JCPR) may involve some strenuous physical activity. Some (such as sports, games, drills, climbing, hiking, swimming, or running), present a risk of injury higher than that which people normally face in their everyday lives. This risk of injury cannot be wholly relieved by any preventive measures, whether restrictive rules, training, equipment or personal discipline. The decision whether to engage in any particular activity that forms part of the overall program shall be entirely the participant's. Participation in the program in no way obligates anyone to engage in any activity they do not feel they can accomplish.
2. On behalf of my minor child, (or on my own behalf, if an Adult Participant), I expressly acknowledge my full understanding of the risks of injury, including serious injury, disability or death that arise from participation in the JCPR Program. I acknowledge that I have had full opportunity to discuss the nature and extent of these risks with officials of JCPR in order to inform myself fully on this subject. Based on that full understanding, I freely and knowingly assume all such risks, whether specifically known and unknown. I accordingly assume full and sole responsibility for my (or my minor child's) participation in the JCPR Program. I understand that I must report any existing medical, physical or mental condition which may affect my ability, or the ability of my minor child, to participate in the JCPR Program, to the group leader before the program commences.
3. On behalf of myself and on behalf of my minor child (to the extent allowed by law), I hereby release and forever discharge Jefferson County Parks and Recreation, and all of the employees, officers, volunteers or agents of those entities, including as well any third party sponsors of Jefferson County Parks and Recreation, lessors of premises used to conduct Parks and Recreation Programs or events, other participating or sponsoring agencies for the program, and all others associated with producing and administering the Jefferson County Parks and Recreation Program, from and against any liability, including but not limited to damage to property, personal injury, disability or death, resulting from my or my minor child's involvement in any aspect of the Jefferson County Parks and Recreation Program. This release applies whether the alleged injuries or damages arise from the negligence of any of the parties released in the previous sentence on not, to the fullest extent allowed by law.
4. To the fullest extent allowed by law, I, for myself and/or my minor child, and for any of our respective heirs, assigns, personal representatives and next of kin, hereby agree to indemnify and hold harmless all the parties released in Article 3 hereof from and against any and all liabilities arising from my participation in the JCPR Program. This undertaking to provide indemnity shall apply to the fullest extent allowed by law, even if the liability asserted against any of the indemnified parties arises wholly or partially from that party's negligence.
5. On behalf of myself and on behalf of my minor child, we have read and understand the Concussion Information Sheet which is available on the Jefferson County Parks and Rec website (www.countyrec.com) or available at the Rec Center 620 Tyler Street or the Public Works Office 623 Sheridan Street in Port Townsend.

(Fill in the Blanks Below)

I HAVE READ THIS ASSUMPTION OF RISK, RELEASE OF LIABILITY AND CONSENT. I FULLY UNDERSTAND ITS TERMS AND THAT BY MY SIGNATURE I GIVE UP CERTAIN RIGHTS I MIGHT OTHERWISE HAVE UNDER LAW. I hereby consent to allow my child to participate in the JCPR Program under the terms as set forth in this Assumption of Risk, Release of Liability and consent Agreement. The JCPR Program for which this consent is given is called and is the **Junior Counselor in Training Program - Rec Summer Day Camp 2013.**



Signature of Parent or Guardian _____ Date _____ Signature of Participant (18 Years & Older) _____ Date _____

PHOTOGRAPH - VIDEO CONSENT

I hereby grant permission for myself or my child to be photographed or videotaped, without compensation, by JCPR, understanding that the same is intended for publication by print media, INTERNET newspaper, television, video or motion picture. I additionally consent to the use of my name in connection with the publication of photographs/video taken of me.



Signature of Parent or Guardian _____ Date _____ Signature of Participant (18 Years and Older) _____ Date _____