



Trinity Lutheran Church CIT (Counselor In Training) Camp Application and Release Form

Event Name <i>(check one)</i> :	
Bay Lake – June 18-21	
<input type="checkbox"/> Bay Lake CIT (Counselor In Training) Counselor (completed grade 9-12); \$125	
Quadna – July 26-30 and July 31-August 4	
<input type="checkbox"/> Quadna Junior CIT (Counselor In Training) Counselor (Completed grade 9)	
<input type="checkbox"/> \$200/July 26-30 or <input type="checkbox"/> \$200/July 31-August 4 <i>(circle only one week)</i>	
<input type="checkbox"/> Quadna CIT (Counselor In Training) Counselor (Completed grade 10-12)	
<input type="checkbox"/> \$125/one week or <input type="checkbox"/> \$200/both weeks	
Note: The CIT program provides pre-camp and on-site training, hands-on experience as a camp counselor and intentional spiritual growth opportunities. The CIT fee covers the cost of food, lodging, transportation, training materials and t-shirt. Fundraisers and partial and full scholarships are available to help with these fees.	
Type of Payment:	Date Paid:
Fee will be deposited if selected or returned if not selected.	

Student Information

Name of Participant:		Grade:	School:	
Address:		City:	State:	Zip Code:
Date of Birth:	Age:	<input type="checkbox"/> Male <input type="checkbox"/> Female		

Parent Information

Parent Name(s):	Home Phone:	Work Phone:	Cell Phone:
Parent Name(s):	Home Phone:	Work Phone:	Cell Phone:

Release Information

I am the parent/legal guardian of the participant named below, and hereby grant my permission for him/her to participate fully in Trinity Lutheran Church related events/trips and activities. In the event of an emergency and I cannot be reached, I give permission for the supervising Trinity staff member or Hidden Pines staff member to sign forms that would ensure the necessary and immediate treatment of the participant. I give permission to those administering emergency treatment to do so, using those measures deemed necessary. I furthermore absolve those acting on my behalf in their regard from liability, as long as there is no gross negligence. *(Please attach a clear statement regarding the treatment of your child in the event of an emergency if different than the instructions stated in this paragraph. Please sign and date.)* I give permission for my youth's photo to be used for publicity purposes: Yes No

I _____ *(student name)* understand that any inappropriate behavior will be dealt with immediately and may result in being sent home at my parents' expense.

Parent/Guardian Signature:	Date:
Student Signature:	Date:

Turn over and fill out back page.

**Trinity Lutheran Church Camp Counselor
CIT Application and Release Form (continued)**

Please place a check next to all of the following activities with which you have enough skills and experience that you feel you could teach them to kids at camp:

- Guitar
- Piano
- Singing
- Drama
- Video
- Arts & Crafts
- Lifeguard
- Swimming
- Golf
- Canoeing
- Fishing
- Camping
- Outdoor Cooking
- Teambuilding Initiatives

Certifications/Training

(write the date of expiration if applicable – month/year)

- Lifeguard _____
- First-Aid _____
- CPR _____
- Water Safety Instructor _____
- MD Boater Safety Course _____
- Ropes Course Supervisor/Rescue Training _____
- Canoe Instructor _____
- Archery _____
- Water-Ski Instructor _____
- Sailing Instructor _____

Why do you want to be a camp counselor/CIT?
How do you describe your relationship with Jesus Christ at this time in your life?
What gifts/talents do you hope to use and explore with the campers?

Your Experience as a Camper

Your approx. age	Camp Name	City, State	Briefly describe the experience.

Your References (The best references are people who have observed you working with children.)

Name	City, State	Phone Number	How does this person know you?

Thank you for giving your time and thought to these questions!

Application deadline is May 1.

