



# COUNSELOR IN TRAINING APPLICATION

Summer Day Camp Program  
*Building tomorrow's future today!*

## Applicant Information (please print or type)

Name			
Birthdate		Age	
Address			
City		Zip Code	
School		Grade (Fall 2025)	
Contact Phone			
Email			

## Parent Information

Parent's Name		Phone	
Parent Email			
Parent's Name		Phone	
Parent's Email			

## Personal Information

Do you have any medical conditions/special needs?	Yes / No
If so what?	
Do you have any allergies?	Yes / No
If so what?	

## Release and Indemnification Agreement

In consideration of my child's participation in the Day Camp, I the undersigned hereby voluntarily release, waive, discharge and relinquish any and all actions or causes of action for personal injury, property damage or wrongful death occurring to my child arising as a result of engaging or receiving instructions in said activity or any activities incidental thereto wherever period said activities or instructions may continue, and the undersigned does for him/herself and for his/her estate, agrees that under no circumstances will he/she or his/hers heirs, executors, administrators and assigns prosecute, present any claim for personal injury, property damage or wrongful death against the City of Vista or any of its officers, agents, servants, or employees for any of said cause of action, whether the same shall arise by the negligence of such persons, or otherwise. IT IS MY INTENTION, BY THIS INSTRUMENT, TO EXEMPT AND RELIEVE THE CITY OF VISTA and he/she shall indemnify and save harmless the same CITY OF VISTA, a chartered municipal corporation, from any and all claims or causes of action by whomever or wherever made or presented for personal injuries, property damage or wrongful death.

**The Undersigned acknowledges that he/she has read the foregoing paragraphs, has been fully and completely advised of the potential dangers incidental to engaging in this activity and is fully aware of the legal consequences of signing this document.**

Parent/Guardian (print)			
Parent/Guardian Signature		Date	

**Please complete reverse side**

# COUNSELOR IN TRAINING CONTRACT

Our goal is to provide each Counselor In Training (CIT) an opportunity to build character and learn responsibility through observation and experience while assisting in the City of Vista Day Camp Program. The following outlines some basic expectations as it relates to the work of a CIT.

CIT Initials	Parent Initials	CIT Expectations
		<b><u>Dress Code:</u></b> I will wear the designated apparel each day to work including name tag, and closed-toe shoes. I will further wear pants/shorts that are appropriate as designated by the standard RCS Department dress code.
		<b><u>Work Habits:</u></b> I will observe the designated work hours, 9a-3p, and arrive on time as expected. I will further inform the supervising staff member of any days I will not be in attendance due to illness or other factor prior to my start time.
		<b><u>Assignment:</u></b> I understand my camp assignment will be at the discretion of the supervising staff member in order to provide a well-rounded view of the camp program.
		<b><u>Responsibilities:</u></b> I understand I will be assigned a wide variety of tasks in support of the Day Camp Program these may include but are not limited to snack preparation, gathering supplies, leading/planning activities and cleaning.
		<b><u>Personal Relations:</u></b> I will conduct myself in a manner that is appropriate for a person of my position. This includes proper use of language, having only suitable conversations and treating all individuals with respect.
		<b><u>Performance:</u></b> I will follow the directions given to me by all supervising staff and will finish each assignment as it was delegated within the time frame allotted. I will further ensure each project is thoroughly and accurately completed.
		<b><u>Electronic Devices:</u></b> I understand that personal cell phones, and other electronic devices are <b><i>NOT</i></b> permitted to be used during designated work hours.
		<b><u>Initiative:</u></b> I will take the initiative by engaging in activities or assisting staff that require additional support without the prompting of supervising staff. I will also make suggestions that support the smooth operation of the program.
		<b><u>Safety:</u></b> I understand that I am a role model for young campers and I will model positive behaviors including observance of all safety rules and protocols and the proper use and care of equipment.
		<b><u>Supervision:</u></b> I understand that I am a Counselor-in-Training and have limited responsibilities in regard to camper supervision. I will not discipline a child for any reason, but will work with the staff to report and observe the process.
		<b><u>Sign in/out:</u></b> I will sign in and out each day on the designated attendance sheet with the supervision and approval of a parent/guardian.
		<b><u>Walk Home Authorization</u></b> (optional): I have approval from my parent to sign-out and walk home once my shift has ended for the day. Authorized time (optional):

I understand that I am fully responsible for my behavior and actions. I will also accept the consequences and learn from my mistakes. These may include but are not limited to discussion with program supervisor, written warning, re-assignment, and suspension for a specified period of time, expulsion from the program or any combination therein. All disciplinary actions will be at the discretion of the program supervisor depending on the severity of the infraction.

## Applicant Signature

Applicant Signature		Date	
Parent Signature		Date	