

2012
CLEVELAND PARK CAMP
COUNSELOR-IN-TRAINING APPLICATION

CIT's Name _____ Birth date ____ / ____ / ____

Address _____ Zip _____

Home Phone _____ Girl ___ Boy ___ Age _____ CPCLub member _____

Parent's Name _____ (w) _____ (c) _____

Parent's Name _____ (w) _____ (c) _____

Parent's Email _____ School _____ Grade (entering) _____

Emergency Name _____ Phone _____

Physician _____ Phone _____

Health Insurance _____ Policy # _____

Allergies _____ Medications _____

Any serious illness, operation, or injury _____

Persons authorized to pick up C.I.T. _____

My child may leave camp unaccompanied. Yes ___ No ___

My child's name and phone number may be distributed on the camp list. Yes ___ No ___

Family situation camp should know about _____

Interests and hobbies _____

Please check the sessions requested. A \$35 deposit is required for each session requested.

_____ Session 1	6/11-15	(1 week)	\$75	
_____ Session 2	6/18-7/6	(3 weeks)	\$225	No camp on July 4.
_____ Session 3	7/9-27	(3 weeks)	\$225	
_____ Session 4	7/30-8/3	(1 week)	\$75	
_____ Session 5	8/6-10	(1 week)	\$75	

Complete one application per CIT. This application may be photocopied.

Please sign the Medical Release Form on the reverse side.

Submit this application and Medical Release Form accompanied by *the \$35 non-refundable deposit for each session requested.* (checks payable to Rives Carroll) to:

Rives Carroll, 3405 Ashley Terrace, NW, Washington, DC 20008.

If you are a new CIT, please call Rives Carroll at 202 363-6556 by April 1 to arrange an interview.

Please note that the BALANCE of the tuition payment is DUE on APRIL 15.

Signature _____ Date _____

Parent/Guardian

CLEVELAND PARK CAMP MEDICAL RELEASE

- I understand that I will be notified if my child is ill, and I will arrange to have my child picked up as soon as possible.

Statement of Wellness for Participation

- I hereby verify that my child, to the best of my knowledge, is free from contagious disease, is fully immunized, and is able to participate fully in the camp activities with the exceptions indicated on the camp application.

Permission to Administer Emergency Treatment

- The camp has my permission to call my child's physician or another physician when I cannot be contacted.
- The camp has my permission, in an emergency when I cannot be contacted, to take my child to the emergency room of a nearby hospital, at my expense, and the hospital and its medical staff have my authorization to provide treatment, which a physician deems necessary for the well-being of my child.
- I hereby give my permission for any and all emergency medical attention necessary to be administered to my child by the camp director or managing director until such time as I may be contacted or professional medical treatment secured. This release is effective for the duration of the camp from the date given below.
- I assume responsibility and liability for any expenses incurred, such as transportation, hospitalization, X-rays, and treatment.

Permission to Administer Medication

- I give permission for the director or managing director to administer the medication(s) indicated on the camp application in the prescribed manner to my child. I will make certain that the medication(s) is in the original container and fully labeled (name of child, name of medication, amount to be taken, time schedule, and method).

Insurance Coverage

- My child is fully covered by my family medical insurance policy.

Legal Waiver Required by the Club

By submitting this camp application or by signing this contract, and in consideration of its acceptance by the Camp and Club, I/we, for ourselves, our family members, guests, and other visitors hereby release the Cleveland Park Camp and the Cleveland Park Club, its officers, directors, and agents, from all liability or claims, of whatever nature, arising from our membership in the Club or use of its facilities. I/we further agree to indemnify and hold harmless the Camp and Club, its officers, directors, and agents, from any damage, including attorney's fees that may result from use of the Camp and Club or its facilities by us, our family members, guests, and other visitors.

Signature _____ Date _____
Parent/Guardian

