

Counselor In Training Application

SUMMER PLUS 2017

Applicant Information:

Last Name: _____	First Name: _____	
Gender: _____M _____F	Age: _____	Date of Birth: ____/____/____
Current Grade: _____	Grade in Sept. 2017: _____	
School applicant will attend in Sept. 2017: _____		
Parent/Guardian Name(s): _____		
Address: _____ _____		
Home Phone: _____		
Applicant Cell Phone (if applicable): _____		
Applicant Email _____		
Parent Work Phone: _____		
Parent Cell Phone: _____		
Emergency Contact Information: (other than parent/guardian)		
Emergency Contact Name: _____		
Relationship to Applicant: _____		
Home Phone: _____		
Cell Phone: _____		

OVER →

FOR OFFICE USE:

Fee Paid: _____ Cash _____ Check Received by: _____ Date: _____

Date/initial when entered into computer: _____

Experience:

Do you have any previous experience with children, Summer Plus, or have any special skills (i.e. sports, art, music) that you could bring to our program? Please explain:

Health Information to be filled in by Parent/Guardian

Doctor's Name: _____ Phone #: _____

Does your child take medication on a daily basis? ____Yes ____No
(The Summer Plus staff will not dispense medication at any time.)
 Type of medication: _____

Does your child have any allergies, hives, asthma, or reactions to food, bee stings, etc.? ____Yes ____No
 Type of allergy: _____

Is there any personal information, special limitations, or medical conditions that the staff should know about your child?

NOTE: Your child will not be assigned to a group until the proper medical forms have been returned and processed by the office staff. In order to ensure the safety of your child, please check all expiration dates of medications, inhalers, and epi pens, before your child attends his or her first day of camp. Your child will not be allowed to stay at camp if they do not have their proper medications/inhalers/epi pens.

Nurse's signature (if any of the above are checked yes): _____

Hold Harmless

In consideration for the Township of Hanover permitting my child to participate in the 2017 Summer Plus Counselor In Training Program, I hereby agree and/or represent the following: He/She is in good mental and physical health. I understand that there may be some risks involved in the participation of the above sporting activity, including, but not limited to those associated with weather/playing conditions, equipment and other participants. As a parent, I fully assume the risk associated with the participation in said sporting activity. I hereby waive any and all claims that I may have against the Township of Hanover and its employees and agents arising out of any personal injury or property damage that is incurred during said participation whether active or inactive.

Emergency Policy

Name of Insurance Carrier: _____

Address: _____

Policy and ID #: _____

In the event of an emergency, I give permission for my child to be transported by emergency vehicle to a nearby hospital emergency room and given any necessary medical attention.

As a Counselor In Training, my child has permission to participate in the 2017 Summer Plus program activities, including all scheduled trips.

Parent/Guardian Signature: _____ **Date:** _____