

AdventureCamp



Counselor In Training Program 2019

AdventurePlex is pleased to introduce our Counselor in Training Program for summer 2019. This program is for young people who are highly motivated and ready to accept the responsibility of a leadership position in a day camp setting. They will gain first hand experience by working under the guidance of our trained staff. There are a limited number of spaces available per week, and an application is required.

Ages: 13-16

Price: \$65 per week

Healthy Lunch: \$30/week

Days: Monday through Friday

Hours: 9:00 a.m. to 4:00 p.m.

Goal: CITs will learn and grow as a leader in a positive and encouraging environment.

Objectives: CITs will learn

- Group leadership skills
- Child management skills
- How to be a positive role model
- Lead camp activities and rotations
- Ability to handle typical camp situations in a mature and responsible manner

Role of a CIT: CITs will be assigned to different groups of campers to assist the counselors in daily rotations and activities. CITs will assist in other aspects of AdventureCamp as needed. CITs will meet daily with Camp Directors to discuss camper issues, camper-conflict resolution, first aid and other issues related to camp. At the end of the week, the CIT's performance will be evaluated. Upon evaluations CITs will receive a certificate recognizing their leadership.

Daily Duties: Snack preparation and distribution, lunch preparation, arts and crafts facilitation, rock wall assistance, game assistance, crowd control for groups, in-water assistance for staff during beach days, mid-line control for groups during excursion days and more.

Training: CITs will attend training on the Monday morning of their first week at camp. This two-hour training will cover the structure of camp, as well as duties and responsibilities of the CIT. During training CITs will receive two shirts, which they must wear each day while at AdventureCamp.



Program Enrollment

CITs will only be allowed to register for one week at a time. The Camp Director and Manager will review applications upon collection. Because space is limited, CITs will be selected based upon prior camp experience, future goal and a genuine interest in the program. Only completed applications will be considered. Applications must be turned in at least one week prior to the start date of that camp week.

Program Participation

CITs will be expected to act in a manner conducive to a day camp setting. AdventurePlex reserves the right to deny participation in the program at any time if participant behaviors are inappropriate or are not conducive to maintain a safe, wholesome and fun camp environment. Payment is non-refundable.

Mail, email or fax this form to:

1701 Marine Avenue
Manhattan Beach, CA 90266
aplex.frontdesk@bchd.org,
Fax: (310) 545-8809
Attention: Counselor in Training Registration

Registration policies

1. All camps require advance registration.
2. Registration is not guaranteed until confirmed by an AdventurePlex staff member.
3. No refunds will be granted after commencement of camp.
4. Returned checks subject to \$15 fee.
5. \$15 processing fee for all refunds.
6. Transfer fee is \$10 per child.
7. Full payment is due once the CIT has been accepted into the program.

Registration types

We accept registration by mail, fax, online or by hand delivery to AdventurePlex. Telephone registration will not be accepted.

Cancellations

AdventurePlex reserves the right to cancel this camp due to low enrollment or unforeseen circumstances. Refunds will be issued in 4 – 6 weeks to all participants.

Eligibility Criteria

1. Strong desire to learn camp related skills
2. Ability to work with youth
3. Ability to follow directions
4. Must possess leadership skills

Once an applicant has successfully completed one week of the CIT Program, they will then be eligible to register for additional weeks of the program.

Counselor In Training Registration

Grade level in Sept. 2019: _____

Participant's name: _____ Age: _____ Sex: _____ DOB: _____

Home address: _____ Home phone: _____

City: _____ Zip: _____ Cell phone: _____

Parent/guardian's name: _____ Work phone: _____

E-mail: _____ Please check which phone number to call first. ___ Cell ___ Work ___ Home

Emergency contact: _____ Phone: _____

How did you hear about the CIT program? _____

Name of family physician _____ Phone: _____

Please check the box if you DO NOT want your child's photo published in BCHD or AdventurePlex publications.

The following people are authorized to pick up my child from AdventureCamp program. I understand that my child will be allowed to leave with these individuals only.

Authorized person's name	Relationship to child	Phone number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name of persons NOT allowed to pick up my child (appropriate custody papers shall be attached if a parent is not allowed to pick up a child): _____

- __ Week 1: June 17 – June 21 __ \$30/week healthy lunch
- __ Week 2: June 24 – June 28 __ \$30/week healthy lunch
- __ Week 3: July 1 – July 5 __ \$30/week healthy lunch
- __ Week 4: July 8 – July 12 __ \$30/week healthy lunch
- __ Week 5: July 15 – July 19 __ \$30/week healthy lunch
- __ Week 6: July 22 – July 26 __ \$30/week healthy lunch
- __ Week 7: July 29 – August 2 __ \$30/week healthy lunch
- __ Week 8: August 5 – August 9 __ \$30/week healthy lunch
- __ Week 9: August 12 – August 16 __ \$30/week healthy lunch
- __ Week 10: August 19 – August 23 __ \$30/week healthy lunch
- __ Week 11: August 26 – August 30 __ \$30/week healthy lunch

Form of Payment: __ Cash __ Check __ Visa __ MasterCard
__ American Express __ Discover __ Gift Certificate

Credit Card # _____

Expiration Date: __ __ / __ __

Signature: _____ **Date:** _____

AGREEMENT AND RELEASE FROM LIABILITY
(To be completed by all parents)

I am voluntarily enrolling my child to participate in AdventurePlex, a youth health and fitness center ("Program"). I am aware that AdventurePlex programs and activities, including rock climbing, rope course activities, strength training, stretching, aerobic exercise and the use of equipment, are potentially hazardous. I hereby agree to fully accept any and all risks of injury, illness and death that may occur as a result of my child's participation in the Program. In consideration of my child being allowed to participate in the Program, I hereby agree that both my child and I (and our respective assignees, heirs, distributees, guardians or legal representatives), will not make a claim against, sue, or attach the property of, and hereby fully release from any and all liability, AdventurePlex, any of its employees and agents for any injury (including death), illness, damage or loss to me, my child, or my property, including any loss or theft of personal property, howsoever caused (including but not limited to, whether caused by AdventurePlex, its employees or agents alleged negligence) and wherever occurring, (including but not limited to, in the classroom or building, parking areas, or sidewalks) that may occur as a result of my child's participation in the Program. I understand that I should consult with a physician about my child's ability to engage in physical activity, exercise, and use of exercise training equipment before my child participates in the Program. I declare my child to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my child's participation in the Program. If there is a change in my child's health status, I am obligated to inform AdventurePlex and provide a medical release from his/her physician before returning to AdventurePlex.

Name of Parent or Guardian _____

Signature of Parent or Legal Guardian _____ Date _____

RELEASE FROM LIABILITY AND INDEMNIFICATION - MEDICINE WAIVER
(To be completed by all parents)

My child will be a participant of an AdventurePlex program. In the event of sudden illness, accident or injury which may occur while said minor is engaged in an activity supervised by the representatives, agents or assignees of AdventurePlex, when neither the parents, guardian or designated family physician can be contacted, I hereby give my consent pursuant to California Family Code Section 6901-6903 and Section 6910 for emergency treatment as shall be necessary under the circumstances by any physician licensed under the Laws of the State of California. The codes state as follows:

6910. The parent, guardian, or caregiver of a minor who is a relative of the minor and who may authorize medical care and dental care under Section 6550, may authorize in writing an adult into whose care a minor has been entrusted to consent to medical care or dental care, or both, for the minor.

6901. "Dental care" means X-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care by the dentist licensed under the Dental Practice Act.

6902. "Medical care" means X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician and surgeon licensed under the Medical Practice Act.

6903. "Parent or guardian" means either parent if both parents have legal custody, or the parent or person having legal custody, or the guardian, of a minor.

Signature of Parent or Legal Guardian _____ Date _____

RELEASE FROM LIABILITY AND INDEMNIFICATION - MEDICINE WAIVER
(To be completed by parents with children taking medication at camp only)

My child, _____ is required to take medicine during the hours of program operation.
(Name of Child)

It is my understanding that staff will hold my child's medicine in a safe location. I agree to provide a container for the medicine, clearly labeled with my child's name on the outside. I understand that staff will not be obligated to remind my child when to take the medicine, nor are they responsible for administering the medicine. I take full responsibility for informing my child what the proper dosage is and do not hold AdventurePlex, its agents, employees and officers liable for any and all injuries, damages and claims. I, the undersigned, on behalf of myself, and my child agree to waive and release AdventurePlex, and its officers, agents and employees, from and against all claims resulting from my child bringing medicine to a program.

Signature of Parent or Legal Guardian _____ Date _____