

January 2017



Dear Families and CITs,

Thank you for your interest in the CIT Program at YWCA Bergen County. The CIT Program is a work-oriented experience that gives participants the opportunity to work under qualified counselors to begin to learn and understand the demands and responsibilities of a counselor's job. This program is designed for those who are interested in learning about leadership, teamwork, and working with elementary-aged children. Your child will receive a community service letter upon completion of this program.

The CIT program is now available for teens ages 13-16 at two summer camp locations. Tuition for this program is \$200 per week plus registration and membership fees.

Counselors-in-Training are seen as leaders in the camp and role models for the campers. The highest standards of conduct, attitude, and morality are expected and demanded both while working with campers and during free time.

Please fill out the enclosed application and submit it with all requested information. Space is limited and CITs must register for a minimum of 2 weeks.

Children must be registered no later than Tuesday to start the following week. Children registered on Wednesday will incur a \$25 late registration fee and registrations received on a Thursday or Friday will incur a \$50 late registration fee.

Feel free to contact us at (201) 444-5600 ext. 352 or visit our website at [www.ywcabergencounty.org](http://www.ywcabergencounty.org) for details. We look forward to a fun and exciting summer, and providing your child with a memorable camp experience.

Sincerely,

*Erica Bixby*

Erica Bixby, Manager School Age Programs  
Youth Services Department

*Brian Scanlon*

Brian Scanlon, Manager School Age Programs  
Youth Services Department

**To better serve you in the future, please let us know how you heard about our camps.**

**Select one or more:**

- Email  Camp Fair  Event  After/Before School Programs  
 Internet  Newspaper  Magazine  Friend/Family  YWCA Member  
 Open House  Other \_\_\_\_\_



## CIT Application - Summer 2017

- New Applicant  Returning CIT (references not required)

**Location:**  Orinda  Ma-Kee-Ya

**Child's Name:** \_\_\_\_\_  Male  Female **Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

1. What are your extra-curricular activities? (job experience, volunteer experience/community service, school activities, and summer programs)

2. What is your grade point average?

3. In 200 words or less, why are you interested in being a YWCA CIT?

4. What else would you like us to know about you?

Your signature attests that you have answered all questions honestly and that you will comply with all YWCA policies and guidelines. Your signature also gives permission for the camp to check references and work history. Any untrue, misleading, or omitted information herein may result in dismissal, regardless of the time of discovery by the camp.

CIT Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**REFERENCES:** Please have 2 people, other than relatives, complete the enclosed reference form, including at least one teacher or coach.

**YWCA School Age Programs**  
**Personal data form / Medical update / Permission form**

CIT Name: \_\_\_\_\_

**Family information / communication**

Parent/Guardian Name: \_\_\_\_\_  Male  Female Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Email Address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_  Male  Female Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Do parents live together?** \_\_\_\_\_ **If no, with whom does the child reside?** \_\_\_\_\_

\*\*Non-custodial parent address: \_\_\_\_\_

If parents are divorced / separated, please give specific instructions and a copy of court order concerning visits and pick-up by non-custodial parent. Are there restrictions on pickups or visitation?  no  yes – court order attached

**emergency information / communication**

If I am unable to pick-up or be reached regarding important matters pertaining to my child, I authorize these people to pick-up my child or answer questions.

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

1. **YES**, I give permission for YWCA Bergen County to transport my child to and from summer camp for daily transportation, swim lessons or field trips as applicable. I understand that the transportation will be appropriately supervised. I understand that the YWCA Bergen County and its employees assume no liability in case of an accident outside of our authority.
2. **YES**, I have read this entire application and I agree to abide by all terms and regulations.
3. **YES**, the child named on this contract is in good health and is able to fully participate in all activities offered at YWCA summer camps. In an emergency, when either I or the emergency contact above cannot be reached, I hereby give permission for the YWCA to take any action deemed necessary for the best interests of my child. I also give permission for any medical personnel selected by the camp to provide needed care including any resuscitation efforts and emergency room care.

**Insurance Carrier:** \_\_\_\_\_ **Policy Holder:** \_\_\_\_\_

**Policy Number:** \_\_\_\_\_ **Group Number:** \_\_\_\_\_

**Pediatrician's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Date of Last Physical Exam:** \_\_\_\_\_ **Were results of exam normal?**  Yes  No

**Please include a copy of your latest physical.**

**Any Medical Issues/ Allergies?**  No  Yes, describe: \_\_\_\_\_

**If your child has allergies requiring medical treatment – please send a care plan from your doctor.**

**Any Learning / Behavioral issues?**  No  Yes, describe include copy of latest IEP

\_\_\_\_\_  
**Signature of Parent / Guardian**

\_\_\_\_\_  
**Date**

## YWCA Payment Page

CIT's name: \_\_\_\_\_

Orinda

Ma-Kee-Ya

**(Please circle your choices) Please note all camp fees are non-refundable & non-transferable.**

|  |  |                                     |                                |                                 |
|--|--|-------------------------------------|--------------------------------|---------------------------------|
| <b>Membership</b><br>per child                             | \$50                                   |                                     |                                |                                 |
| <b>Registration fee</b><br>per application                 | \$45                                   |                                     |                                |                                 |
| <b>Camp registration</b>                                   | <b>Camp<br/>Ma-Kee-Ya<br/>(Mahwah)</b> | <b>Camp<br/>Orinda<br/>(Dumont)</b> | <b>Pre-camp</b><br>7:30-8:30am | <b>Post-camp</b><br>5:00-6:30pm |
| <b>Week 1</b><br>June 26 – June 30                         | \$200                                  | \$200                               | \$0                            | \$0                             |
| <b>Week 2</b><br>July 3 – July 7<br><b>(closed July 4)</b> | \$165                                  | \$165                               | \$0                            | \$0                             |
| <b>Week 3</b><br>July 10 – July 14                         | \$200                                  | \$200                               | \$0                            | \$0                             |
| <b>Week 4</b><br>July 17 – July 21                         | \$200                                  | \$200                               | \$0                            | \$0                             |
| <b>Week 5</b><br>July 24 – July 28                         | \$200                                  | \$200                               | \$0                            | \$0                             |
| <b>Week 6</b><br>July 31 – August 4                        | \$200                                  | \$200                               | \$0                            | \$0                             |
| <b>Week 7</b><br>August 7 – August 11                      | \$200                                  | \$200                               | \$0                            | \$0                             |
| <b>Week 8</b><br>August 14 – August 18                     | \$200                                  | \$200                               | \$0                            | \$0                             |
| <b>Week 9</b><br>August 21 – August 25                     | \$200                                  | \$200                               | \$0                            | \$0                             |
| <b>Sub-totals</b>  |  |                                     |                                |                                 |
| <b>Total</b>   |  |                                     |                                |                                 |

**Pre-camp location:**    \_\_\_ Orinda    \_\_\_ YWCA Oak Street

**Post-camp location:**    \_\_\_ Orinda    \_\_\_ YWCA Oak Street

| Bus stop for<br>Camp<br>Ma-kee-Ya | Camp Orinda<br>(Dumont) | Mackay Park<br>(Englewood) | YWCA<br>(Ridgewood) | Brookside<br>School<br>(Westwood) | Christ Lutheran<br>Church<br>(Woodcliff Lake) | Mahwah<br>High School<br>(Mahwah) |
|-----------------------------------|-------------------------|----------------------------|---------------------|-----------------------------------|---|-----------------------------------|
| AM                                |                         |                            |                     |                                   |   |                                   |
| PM                                |                         |                            |                     |                                   |   |                                   |

**PAYMENT** (Please note CIT fees are not eligible for any discounts or incentives.)

**Check – make payable** to YWCA Summer Camp – 112 Oak Street, Ridgewood, NJ 07450

**Electronic Fund Transfer (EFT)** – Voided Check must be provided.

**Credit Card**

Type of Card:             Visa             Master Card             Discover             American Express

Name as it appears on card: \_\_\_\_\_ Daytime phone: \_\_\_\_\_

Billing Address for this card: \_\_\_\_\_

Card number: \_\_\_\_\_ Expiration date: \_\_\_\_\_ Security Code: \_\_\_\_\_

I hereby authorize the YWCA Bergen County School Age Program to charge my credit card for my child(ren)'s summer camp tuition.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Membership, registration and weekly fees are non-refundable - \$25 processing fees for changes.**

# YWCA Photo/Video Release Form

This form indicates whether you do/do not give the YWCA Bergen County permission to use your or your child's photograph/video for public relations and/or marketing purposes\*.

**Yes**, you have permission to use my or my child's photo/video for the following:

(Please check all appropriate boxes below)

- Flyers & Brochures
- Website
- Facebook
- Internal Displays
- Newsletters/Annual Report
- Newspaper Advertising
- Community Events/Displays

**No**, you do not have my permission.

Date: \_\_\_\_\_

Adult/Parent Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Site: \_\_\_\_\_ Camp: \_\_\_\_\_ Program: \_\_\_\_\_

\*Your consent gives the YWCA Bergen County permission to use any photo for two years from the above date.

YWCA Bergen County  
112 Oak Street  
Ridgewood, NJ 07450  
201-444-5600

YWCA Bergen County  
214 State Street, Suite 207  
Hackensack, NJ 07601  
201-881-1700

**eliminating racism  
empowering women**

**ywca**

Bergen County

[www.ywcabergencounty.org](http://www.ywcabergencounty.org)

## RELEASE, HOLD HARMLESS AND WAIVER AGREEMENT

You should not sign this Agreement unless and until you are satisfied you have had adequate time to read it and you understand it. You acknowledge there are alternatives to the activities and programs offered by YWCA Bergen County.

The activities taking place at the YWCA Bergen County or during YWCA Bergen County programs can be strenuous and inherently dangerous and participation in the activities, on or off premises or on premises used by YWCA Bergen County, can result in serious injury or in exposure to illnesses and diseases borne by others. The YWCA Bergen County urges you to obtain a physical examination from a doctor before using any facilities or equipment or participating in any program. You agree that if, on or off YWCA Bergen County premises or premises used by YWCA Bergen County, you engage in any physical exercise or activity, use any YWCA Bergen County equipment or facilities, or participate in any YWCA Bergen County program, you do so entirely at your own risk. You agree you are voluntarily participating in the YWCA Bergen County activities and programs and the use its facilities, equipment, premises and premises used by it, and you assume all risks of injury, illness or death.

This waiver and release of liability includes, without limitation, all injuries, death and illnesses which may occur as a result of: (a) your use of all amenities, facilities and equipment in, on or off YWCA Bergen County premises or premises used by YWCA Bergen County, including, without limitation, adjacent sidewalks and parking areas, (b) the sudden and unforeseen malfunctioning or contamination of any facility or equipment, and/or (c) YWCA Bergen County instruction, training, supervision or maintenance or the absence of instruction, training, supervision or maintenance.

You expressly agree to release and hold harmless YWCA Bergen County and all of its affiliates and its and their officers, directors, trustees, employees, agents, representatives, successors or assigns from any all claims or causes of action. You further agree to give up or waive any right that you may otherwise have to bring claims or causes of action, including for negligence where not prohibited by law, against YWCA Bergen County or any of its affiliates and its and their officers, directors, trustees, employees, agents, representatives, successors or assigns for personal injury, including death, or loss of or damage to property.

By signing below, you acknowledge you have carefully read, fully understand and accepted this release, hold harmless and waiver. If any portion of this release, waiver and hold harmless is deemed by a court of competent jurisdiction to be invalid or overbroad, then the remainder will remain in full force and effect and be construed in the broadest manner permitted by law. This release, waiver and hold harmless cannot be modified orally.

Print Parent's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

# Counselor-In-Training Reference Request

\_\_\_\_\_ has applied for the YWCA Summer Camp Counselor-In-Training program and has given your name as a reference.

Have you had the opportunity to observe the applicant interacting with school-aged children? If so, what kind of setting?

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Have you observed the applicant in leadership situations? Please comment on those observations.

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How would you describe the applicant's character, temperament and maturity, how well do they interact with others?

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How would you rate the applicant's potential for working with children in a summer camp?

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How does this individual model a healthy lifestyle? (e.g., health and nutritional habits; attitudes toward smoking, alcohol, and drugs; physical fitness; attitudes about self and others; community involvement; environmental awareness)

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If we have questions, may we contact you?  Yes  No If yes, please indicate your telephone number and the best time to reach you: Phone: \_\_\_\_\_ Best Time to Call: \_\_\_\_\_

Print Name: \_\_\_\_\_

\_\_\_\_\_  
Signature of Reference

\_\_\_\_\_  
Position / Title

\_\_\_\_\_  
Organization

\_\_\_\_\_  
Date

Thank you for your assistance in helping to evaluate this individual!

**Return Application To:**

CIT Directors, YWCA Bergen County  
112 Oak Street  
Ridgewood, NJ 07450

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