

January 2019



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. Participants will receive a community service letter upon completion.

The CIT program is available for teens ages 13-16 at our two summer camp locations. Camp Orinda is located at the Honiss Elementary School, 31 Depew Street, Dumont, NJ and Camp Ma-kee-ya is located within the property of Camp Glen Gray, 200 Midvale Mountain Road, Mahwah, NJ. Tuition for this program is \$205 per week plus registration and membership fees.

Counselors-in-Training are seen as camp leaders and role models for all 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. Registrations received on a Thursday or Friday will incur a \$50 late registration fee.

Please contact us at 201-345-1914, 201-345-1913 or 201-345-1904 or visit our website at www.ywcabergencounty.org for details. We look forward to providing your child with a fun and exciting summer filled with memories that will last a lifetime.

Sincerely,

Kellie Weiss

Kellie Weiss
Manager, School Age Programs

Alexis Winer

Alexis Winer
Assistant Manager, School Age Programs

eliminating racism
empowering women

ywca

Bergen County

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
 Open House Other _____



CIT Application - Summer 2019

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. Applications will not be considered until references are received.

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 include care plan from your doctor.

Any Learning / Behavioral issues? No Yes - describe and 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 registration fee and tuition are non-refundable & non-transferable.

Membership Fee (per application)	\$50			
Registration Fee (per application)	\$50			
Camp	Camp Ma-Kee-Ya (Mahwah)	Camp Orinda (Dumont)	Pre-camp 7:30-8:30am	Post-camp 5:00-6:30pm
Week 1 June 24 – June 28	\$205	\$205	\$0	\$0
Week 2 July 1 – July 5 (closed July 4)	\$165	\$165	\$0	\$0
Week 3 July 8 – July 12	\$205	\$205	\$0	\$0
Week 4 July 15 – July 19	\$205	\$205	\$0	\$0
Week 5 July 22 – July 26	\$205	\$205	\$0	\$0
Week 6 July 29 – August 2	\$205	\$205	\$0	\$0
Week 7 August 5 – August 9	\$205	\$205	\$0	\$0
Week 8 August 12 – August 16	\$205	\$205	\$0	\$0
Week 9 August 19 – August 23	\$205	\$205	\$0	\$0
Sub-totals				
Total				

(Please note CIT fees and weekly tuition are not eligible for any discounts or incentives.)

Pre-camp location: ___ Camp Orinda ___ Bethany Community Center

Post-camp location: ___ Camp Orinda ___ Bethany Community Center

Please indicate am/pm bus stops for Camp Ma-Kee-Ya registrants.

Bus Stop for Camp Ma-Kee-Ya	Camp Orinda (Dumont)	Bethany Community Center (Washington Twp)	Christian Reformed Church (Ridgewood)	Makay Park (Englewood)	Mahwah High School (Mahwah)	Doug Parcels Athletic Complex (Oradell)
AM	<input type="checkbox"/> 8:25am	<input type="checkbox"/> 8:35am	<input type="checkbox"/> 8:30am	<input type="checkbox"/> 8:20am	<input type="checkbox"/> 8:45am	<input type="checkbox"/> 8:30am
PM	<input type="checkbox"/> 5:30pm	<input type="checkbox"/> 5:10pm	<input type="checkbox"/> 5:15pm	<input type="checkbox"/> 5:40pm	<input type="checkbox"/> 4:45pm	<input type="checkbox"/> 5:25pm

Please indicate by checking am/pm bus stops for Camp Orinda registrants.

Bus Stop for Camp Orinda	Bethany Community Center (Washington Township)	Doug Parcels Athletic Center (DPAC) (Oradell)
AM	<input type="checkbox"/> 8:15am	<input type="checkbox"/> 8:25am
PM	<input type="checkbox"/> 5:25pm	<input type="checkbox"/> 5:15pm

YWCA Payment Page (Continued)

CIT's Name: _____

Orinda

Ma-Kee-Ya

PAYMENT TYPE (Please select payment option)

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

Credit Card

Type of Card: American Express Discover MasterCard Visa

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 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 communications, marketing, and/or public relations purposes.

Yes, you have permission to use **my / my child's photo/video** in YWCA Bergen County's communications, marketing and public relations. I understand that the photos/videos may be used in print, video, digital media, presentations, public relations materials, and social media. I also understand that I will not be compensated for the use of such photos/videos.

No, you do not have my permission.

Date: _____

Your Name: _____

Child's Name (if signing for a minor): _____

Home Address: _____

City: _____ State: _____ Zip: _____

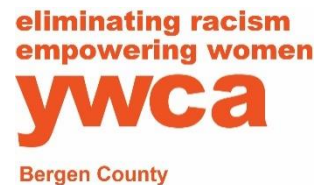
Telephone No: _____

Email: _____

Signature: _____

Site: _____ Camp: _____ Program: _____

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



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/Guardian Name: _____

Parent/Guardian 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?

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

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

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

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)

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!

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