



## **Counselor-In-Training (CIT)** **(Grades 6-9)** **Information Sheet**

### Summer Camp Registration Guidelines

- Please register early or by session deadline! There will be a 48-hour deferment period after any late registration. You will be notified within two business days if we will be able to accommodate you. No friendship requests will be granted with late registration.
- Transfers and withdrawals must be made 48 hours prior to each camp session starting date. Once a program starts, refunds will be prorated and credits will be applied to your account.
- There will be no fee adjustments for any time your child does not attend a session.
- Don't have an account? Go to [www.rtpd.org](http://www.rtpd.org) to start one today.
- There are two options to register for Camps and Before/After Care (once you choose an option, it CAN NOT be changed).
- Summer camp tuition must be paid in full upon Registration.
- Enroll in AUTOMATIC BILLING: You must SAVE a CREDIT CARD into the PAYMENT METHODS of your online account. AUTOMATIC BILLING is found under MY ACCOUNT\PAYMENT METHODS.
- You will be charged a 25% deposit at the initial Registration. Approximately 7-10 days before each camp session start date, your card will be charged automatically for the balance of the upcoming session.
- Tag On payment is due at the time of Registration.
- Registering for Tag-Ons: Log in to your account, click on the browse button, select the "RTPD Brochure Programs" box, then on the left side under "program groups" select Camps it will expand and then pick Tag-Ons. The course should appear on your right.
- Late Registration is not guaranteed. Late Registration is defined as two weeks before each session. After the deadline, we will notify you within two business days if we can place your child. No friendship requests will be granted with late Registration.
- Withdrawals must be made two business days before the Camp Session starting date.
- Transfers must be made by mid-week. Request can only be accepted if there is room in the session you are requesting. The child must complete the full week of camp before transferring into the requested program.
- Refunds: Once a program starts, refunds will be prorated, and credits will be applied to your account.

## **TIMES**

**8:30 am – 3:00 pm**

**Monday, Wednesday, Friday**

## **PROCEDURES FOR ARRIVAL & DEPARTURE**

### **MONDAYS**

All CIT's will need to be dropped off at the *Burning Bush Community Center*, 1313 Burning Bush Ln., Mt. Prospect, IL by 8:30am. Their Mondays will consist of spending time with their camp supervisor and learning the ins and outs of what it takes to be a successful camp counselor. This will entail spending time in the classroom and observing a variety of camp situations at a variety of camp sites. All CIT's need to be picked up at the Burning Bush Community Center at the end of their day at 3:00.

### **WEDNESDAYS AND FRIDAYS**

All CIT's will need to be dropped off at the *Weiss Community Center*, 1500 E Euclid Ave, Mt. Prospect, IL by 8:30am. CIT's will need to report to their Camp Supervisor upon drop-off. All CIT's will be assigned a camp site as well as a camp counselor. The camp counselor as well as the CIT site supervisor will be responsible for observing, guiding and teaching the CIT within that group. CIT's will also need to be picked up at their assigned site once camp is over.

### **ATTENDANCE**

If you are sick and will not be able to come to work, the CIT (not the parent) must call the Recreation Supervisor at (847) 463-3709 and leave a message. That information will then be confirmed with the counselor and CIT site supervisor.

### **DRESS CODE**

Proper attire must be worn at all times. Each CIT will be issued a CIT shirt that needs to be worn on Wednesday and Friday at their designated camp site. CIT's are expected to wear shorts or pants that are neat, clean, and not revealing. Gym shoes are required and on swim days, one-piece bathing suits must be worn.

**NO YOGA PANTS. NO BIKINIS.**

### **RESPONSIBILITIES**

When CIT's are with their assigned camp group, they are responsible for assisting the counselor with any or all activities that occur during the day. This can include washroom breaks, lunch breaks, etc. It should also be understood that the CIT is responsible for assisting in supervising the campers when they are at the pool or on a field trip.

### **EXPECTATIONS AND BEHAVIORAL STANDARDS**

All CIT's are expected to lead by example and set the standard for proper behavior. ALL CIT's will be required to read, understand and accept/sign the attached *BEHAVIORAL STANDARDS CONTRACT*. On the first day of training, the CIT's will receive another contract that they will need to sign along with the parent/guardian.

### **EVALUATIONS**

All the CIT's will be evaluated during camp and a formal evaluation of their performance will be made at the end of every session.

### **COMMUNICATION**

Newsletters and field trip information will be made available in the camp section of our webpage inside the Virtual backpack at [www.rtpd.org](http://www.rtpd.org) and distributed before each session.

**VIRTUAL BACKPACK**  
Click on the backpack to  
see all Summer Camps  
Downloads



### **HOT LUNCH OPTION**

You may choose to order a hot lunch for your CIT one day or every day. Lunches are made in the pool concession stand and delivered to the CIT at lunch time. Orders are due one week before the week needed. On field trip days, you can order a special option that will be ready for your CIT before they leave for the field trip. See form for more details.

**\*Forms will be available at the Weiss Center and online at [www.rtpd.org](http://www.rtpd.org).**

### **LOST AND FOUND**

***Please put your CIT's name on everything coming to camp.*** A lost and found box will be kept at the campsite.

Items not claimed by the end of the session will be donated. Please do not wear or bring anything to camp that is valuable (including jewelry, tablets, iPads, DS's, etc.). ***The River Trails Park District is not responsible for lost, stolen or damaged items.***

### **WALK/BICYCLES**

CIT's that ride bikes must lock them up at the outdoor bike rack in front of the Weiss Center. All bikes must be locked with the CIT's own lock. The River Trails Park District is not responsible for lost, stolen or damaged bicycles. Please provide us with a note giving permission to have your child walk/ride their bike from camp.

### **FAMILY NIGHT**

During Session I of the summer, there will be a Family Night for campers, CIT's and their families. Family Night is an opportunity for parents to meet the counselors, enjoy dinner, and participate in fun activities. You will receive more details in the camp newsletter sent home the first week of the session.

### **CELL PHONES**

CIT's will be allowed to bring a cell phone to camp to use in case of an emergency. However, CIT's should not allow the use of their cell phone to distract them from carrying out their responsibilities during camp activities. The River Trails Park District is not responsible for any damage or loss of any cell phone brought to camp.

### **TAX DEDUCTION INFORMATION**

Parents are asked to keep a tally of their camp payments for tax deduction information. The park district tax ID number is 36-6136813. You can get this free online if you have set up an account. Please inquire at the Weiss Center.

### **SAVE THE EARTH**

We ask each CIT to bring a lunch in a reusable container and a water bottle every day. Eliminating paper cups can save hundreds of trees!

**For Future Payments Due**

I authorize the River Trails Park District to charge the listed credit card for remaining payments/balance(s) due for camp program(s).

YES \_\_\_\_\_

NO \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Visa, MasterCard or Discover Card****\$20 MINIMUM CHARGE**

Card No: \_\_\_\_\_

Name Cardholder \_\_\_\_\_

Expiration Date \_\_\_\_\_

Authorized

Signature \_\_\_\_\_ Amt. Charge\$ \_\_\_\_\_

**Tax Deduction Information**

Parents are responsible for keeping a tally of their camp payments for tax deduction purposes. The park district tax ID number is 36-6136813.

**WAIVER & RELEASE****IMPORTANT INFORMATION**

The River Trails Park District is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The River Trails Park District continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors registering for the listed programs/activities must recognize that there is an inherent risk of injury when choosing to participate in recreational activities/programs. You are solely responsible for determining if you or your minor child/ward are physical fit and/or skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

**WARNING OF RISK**

Recreational activities/programs are intended to challenge and engage the physical, mental and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when participating in any recreational activity/program. Understandably, not all hazards and dangers can be foreseen. Depending on the particular activity, participants must understand that certain risks, dangers and injuries due to inclement weather, slipping, falling, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction or officiating, and all other circumstances inherent to indoor and outdoor recreational activities/programs exist. In this regard, it must be recognized that it is impossible for the River Trails Park District to guarantee absolute safety.

**WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK**

Please read this form carefully and be aware that in signing up and participating in the listed programs/activities, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program/activity (including transportation services/vehicle operation, when provided). I recognize and acknowledge that there are certain risks of physical injury to participants in the listed programs/activities, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in this program/activity against the River Trails Park District, including its officials, agents, volunteers and employees (hereinafter collectively referred as "River Trails Park District"). I do hereby fully release and forever discharge the River Trails Park District from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with the listed programs/activities. I have read and fully understand the above important, warning of risk, assumption of risk and waiver and release of all claims. If registering on-line or via fax, your on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.

**ALL PARTICIPANTS MUST SIGN**

If participant is under 18 years old, parent must sign for them:

SIGNATURE

PRINTED NAME

DATE

\_\_\_\_\_

### CAMPER EMERGENCY FORM

Please print clearly

Camper's Last Name \_\_\_\_\_ First \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent's Last Name (if different): \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

School \_\_\_\_\_ Grade entering in fall \_\_\_\_\_ Age \_\_\_\_\_

Mother's First Name \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Father's First Name \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

**Emergency Contact: NOT PARENT** (local friend/neighbor who can pick up child)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Relationship: \_\_\_\_\_

Does your child have any allergies? (Animals, foods, medications or plants) \_\_\_\_\_

Any health problems that would limit participation? (Asthma, nose bleeds, etc.) \_\_\_\_\_

List all medications & times taken: \_\_\_\_\_

\* Additional forms needed if medication is taken during camp hours

Does your child have special needs that require accommodations or special assistance?

No \_\_\_\_ Yes \_\_\_\_ Please explain: \_\_\_\_\_

Please list any conditions/behaviors we should be aware of: \_\_\_\_\_

Child's swim skills: \_\_\_\_ Non-swimmer \_\_\_\_ Beginner \_\_\_\_ Intermediate \_\_\_\_ Advanced

After camp my child will \_\_\_\_ Walk home \_\_\_\_ Ride his/her bike home \_\_\_\_ Be picked up by car

\_\_\_\_ Attend a RTPD program other than a tag on. Program Name: \_\_\_\_\_ Dates: \_\_\_\_\_

**One (1) Friendship Request:** (same age/camp session) \_\_\_\_\_

Please note this is a request, not a guarantee. You may request one friend and they must request you too. **Must be made by June 1.**

**After Camp Participants only:**

Please print the person (s) names that will be picking up your child from After Camp:

\_\_\_\_\_

Sess:	CF	CC	CFin	CA	BC	AC	CM	WLO	Swim	Golf	Tag On	Tag On	PW
I													
II													
III													
IV													

Office Use only: write # days under camp

River Trails Park District  
847.255.1200

1500 E. Euclid Avenue  
Mt. Prospect, IL 60056

## **EMERGENCY TREATMENT RELEASE**

**My Minor Child is:**

**Last name:** \_\_\_\_\_ **First name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

As a parent and/or guardian, I authorize that in a medical emergency regarding my minor child, that the local emergency medical service be contacted. If, as determined by the local emergency medical service, my child needs immediate care and needs to be transported to an emergency care center, I authorize treatment and transportation. If in the opinion of the attending physician at the emergency care center that further treatment is necessary, I authorize the treatment of my child.

I recognize that time is important during an emergency situation and I authorize emergency medical treatment for my child. However, a reasonable effort should be made to contact myself and/or if needed, the alternate emergency contacts listed below.

I declare that I exercised my own judgment in deciding whether to sign this agreement and I further declare that my decision to sign was not based on or influenced by any declarations or representations of the River Trails Park District or its employees, agent or instructors. In addition, I agree that I will be responsible for payment for any and all medical services provided.

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

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

**Please print name:** \_\_\_\_\_

### **EMERGENCY CONTACTS:**

**Name:** \_\_\_\_\_ **Phone (H):** \_\_\_\_\_ **(W):** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone (H):** \_\_\_\_\_ **(W):** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone (H):** \_\_\_\_\_ **(W):** \_\_\_\_\_

## BEHAVIORAL STANDARDS CONTRACT

The following standards have been adopted by the River Trails Park District to be used uniformly as a guideline for disciplining any child enrolled in our Day Camp programs

### **GENERAL INAPPROPRIATE/UNACCEPTABLE BEHAVIORS:**

1. Abusive language
2. Disrespectful behavior towards staff and/or fellow participants.
3. Continuous disruptive behavior
4. Any aggressive behavior (slapping, punching, kicking, biting, etc.), whether it is initiated or in retaliation.

### **FIRST WARNING:**

The first time any inappropriate/unacceptable behavior occurs, the parent will be notified by phone (or written letter if parent is not reachable). Documentation of this behavior will be kept on file at the park district. If that behavior occurs again within the same day, the parents will be called to come and remove the child from the program for the remainder of the day. \*\*

### **SECOND WARNING:**

If a child continues to display inappropriate/unacceptable behavior after a first warning has been given, the child will receive a written letter of second warning. This letter will state the child's inappropriate/unacceptable behavior and notify the parent(s) that one more incident of such behavior could lead to the child's last warning and possible removal from the program. This letter must be signed by a parent and returned. One copy will remain at the park district and one copy will be given to the parent. \*\*

### **REMOVAL FROM THE PROGRAM**

After the first and second warnings have been issued and an inappropriate behavior is displayed, a parent will be contacted by phone and a written notice that the child will be removed from the program for a certain period of time or permanently. (Depending on the severity of the behavior). \*\*

\*\*In an extreme case of unacceptable behavior that is threatening to other participants or staff, the first two warnings can be omitted and the child will be removed from the program immediately with the final warning. \*\*

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### **Please Print**

Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Camp: \_\_\_\_\_ Session:            1   2   3   4

I have read, understand, and accept the above Behavioral Standards Contract and procedures.  
I will also go over these Behavioral Standards with my child.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**RIVER TRAILS PARK DISTRICT & SUPERHERO'S ACADEMY OF MOTION ARTS  
WAIVER AND RELEASE OF ALL CLAIMS, ASSUMPTION OF RISK, AND INDEMNIFICATION AND HOLD HARMLESS  
AGREEMENT**

In consideration for participation in parkour activities conducted by Superhero's Academy of Motion Arts, I hereby agree to waive, release, and discharge Superhero's Academy of Motion Arts (SAOMA) and the River Trails Park District (RTPD), including their respective officers, officials, employees, agents, and contractors (collectively, "the Parties") from any and all liability, claims, damages, or losses that I (or my minor child/ward) may sustain arising out of or in any way connected with participation in this program/activity.

**WARNING OF RISK & IMPORTANT INFORMATION**

SAOMA and RTPD are committed to conducting recreation programs and activities in a safe manner and hold the safety of participants in high regard. SA continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors registering for this program must recognize that there is an inherent risk of injury when choosing to participate in parkour activities.

Parkour activities are intended to challenge the physical, mental, and emotional resources of each participant. However, despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury including death. Understandably, not all hazards and dangers can be foreseen. The very nature of parkour is hazardous and risky. **The risks include, but are not limited to:** serious physical injury arising out of slips and falls; falling from equipment; rope burns; pinches, scrapes, twists and jolts that could result in scratches, bruises, sprains, lacerations, fractures, concussions, or even more severe life threatening injuries; muscular soreness, tears, strains, sprains, dislocations, fractures and broken bones; paralysis, cuts, bruises, and muscle soreness; wrist, arm and shoulder injuries; musculoskeletal injuries including head, neck, and back; injuries to internal organs; inadequate or negligent instruction or supervision, horseplay, defective equipment, the negligence of other participants; lack of physical conditioning or skills; and premises defects. In this regard, it must be recognized that it is impossible for the SAOMA or RTPD to guarantee absolute safety.

You are solely responsible for determining if you or your minor child/ward are physically fit and/or adequately skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

**PLEASE CAREFULLY READ THE TERMS AND CONDITIONS BELOW**

1. I expressly agree and promise to accept and assume all of the risks existing in this activity for myself (or my minor child/ward). My participation (or that of my child/ward) in this activity is purely voluntary, and I (or my child/ward) elect to participate in spite of the risks.
2. **I represent that I understand the nature of parkour activities, that these are physical in nature, and that I (or my child/ward) am qualified, in good health, and in the proper physical condition to participate in such activities. I further agree and warrant that if at any time I (or my child/ward) believe conditions to be unsafe or activities to be beyond my skill level, I (or my child/ward) will immediately discontinue further participation in the activity.**
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless RTPD & SAOMA from any and all liabilities, losses, claims, demands, or causes of action, which are in any way connected with my participation (or my minor child/ward) in this activity or my use of RTPD & SA's equipment or facilities, **including any such claims which allege negligent acts or omissions of RTPD & SAOMA.**
4. Should RTPD & SAOMA or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
5. I certify that I have adequate insurance to cover any injury or damage I (or my minor child/ward) may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself or my child/ward. I further certify that I am willing to assume the risk of any medical or physical condition I (or my child/ward) may have.
6. I have read and fully understand the above language, important information and warning of risk, indemnification, assumption of risk and waiver and release of all claims. If registering on-line or via fax, your on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining document shall remain in full force and effect.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my (or my child/ward's) participation in this activity, I may be found by a court of law to have waived my right (and that of my minor child/ward) to maintain a lawsuit against RTPD & SAOMA on the basis of any claim from which I have released them herein.

I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Signature of Participant \_\_\_\_\_ Print Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Phone \_\_\_\_\_ Date \_\_\_\_\_

**PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION  
(Must be completed for participants under the age of 18)**

In consideration of \_\_\_\_\_ (print minor's name) ("Minor") being permitted by RTPD & SAOMA to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless RTPD & SAOMA from any and all claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Parent or Guardian: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_ 4/16