

RETURN APPLICATION TO:  
 1000 Sir Francis Drake Boulevard - # 14,  
 San Anselmo, CA 94960  
 Office: (415) 258-4640  
 Fax: (415) 455-8229  
 Email: vhillard@townofsananselmo.org



**Application Deadline: April 15th**

## Camp Kid Marin Counselor-In-Training Application 2022

CIT Applicant's Name	
Home Address	
City/Town	
Cel/Home Phone	
Date of Birth	
Age	
Parent #1 Name:	
Work #	
Cell #	
Email	
Parent #2 Name:	
Work #	
Cell #	
Email	

**Please list two references:** (1 relative and 1 non-relative)

1.	_____	( )	_____
	NAME	PHONE	EMAIL
2.	_____	( )	_____
	NAME	PHONE	EMAIL

**Please list any camp experience you have:**

CAMP	YEAR	EXPERIENCE
_____	_____	_____
_____	_____	_____
_____	_____	_____

**AVAILABILITY**

Camp kid Marin  
(Entering 1<sup>st</sup> grade to 6<sup>th</sup> grade)  
Monday - Friday (8:30 am - 4:30 pm)  
You may need to be here from 8:30 am to 4:00 pm.

Each session is one week long. You must be available to volunteer every day during the sessions you check. You must also be available for a minimum of one full week, but may be assigned to two.

Please put a check next to **all the weeks you are available for:**

- |                                  |  |
|----------------------------------|--|
| ___ CIT Orientation (mandatory)  | Saturday, June 11 <sup>th</sup> (10:00 to 12:00) |
| ___ Week 1: June 13 – June 17    | Rainbow Splashtopia                              |
| ___ Week 2: June 20 – June 24    | Time Machine                                     |
| ___ Week 3: June 27 – July 1     | Happy Holiday                                    |
| ___ Week 4: July 5 – July 8      | Party in the USA                                 |
| ___ Week 5: July 11 – July 15    | Adventure Island                                 |
| ___ Week 6: July 18 – July 22    | Ready, Set, Blast Off                            |
| ___ Week 7: July 25 – August 29  | Carnival Week                                    |
| ___ Week 8: August 1 – August 5  | Back to Nature                                   |
| ___ Week 9: August 8 – August 12 | Bon Voyage Summer                                |

If my CIT is accepted into this program, I give permission for them to walk to the Red Hill Shopping Center alone during their lunch breaks by initialing here: \_\_\_\_\_

1. Why do you want to be a CIT?

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2. What age groups do you have experience with?

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3. List 3 safety rules you think are important for children to follow at camp.

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4. What are the most important qualities of a good leader or role model?

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5. What hobbies or interests do you have that you think would be helpful in this position?

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# PARENT LIABILITY/CONSENT SECTION

**Special Accommodations:** (Food and other Allergies, Medical conditions, Medications etc):

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## Medical Information

Physician & Phone #	
Insurance Carrier & Policy #	
Preferred Hospital	
Dentist & Phone #	

## Emergency Contacts

Please list persons to contact in case of emergency (other than yourself).

Please be sure the people listed below are notified that their name(s) are being used, are in regular contact with you, and are known to your child.

Name (1)	
Phone #1	
Phone #2	

Name (2)	
Phone #1	
Phone #2	

## Waiver

I hereby give my permission that my child \_\_\_\_\_ may be given emergency treatment by a qualified staff member of the San Anselmo Recreation Department until parents can be contacted and be present and/or emergency care arrives for treatment. I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment. In the event that I cannot be contacted, I further consent to the medical, surgical and hospital care, treatment, and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health. I also give San Anselmo Recreation my permission to transport my child on field trips off park premises for program purposes. Photograph release; I agree that photo's and/or video may be used by the Recreation depart for marketing purposes. My child has permission to swim within the program. (I), the undersigned, understand that in the camp program strenuous physical activity, both aquatic and outdoor, are regular parts of camp. To the best of our knowledge, the above-named child is in excellent physical health and needs no restrictions from strenuous physical activity. If we have any questions regarding our child's health, we understand that it is our obligation to seek professional medical advice and inform the San Anselmo Recreation staff of any restrictions on our child's activities. I, the undersigned, agree to indemnify and hold harmless the Town of San Anselmo, San Anselmo Recreation Dept. and it's officers, contractors and employees, and any community organization co-sponsoring the program, from and against any and all liability for any injury which may be suffered by me or my child arising out of or in any way connected with participation in the program(s) named above. MANDATORY ARBITRATION OF CLAIMS AGAINST THE TOWN. It is hereby expressly understood and agreed to by the undersigned that any claim asserted against the Town by the undersigned participant, either on behalf of him/her or on behalf of another person, on account of bodily injury, mental disturbance, death or property damage, sustained as a result of, or for any reason connected to the use of Town property, facilities or programs or acts or omissions of Town employees or volunteers pursuant to this registration, will be resolved by submission to arbitration as provided by California law, and not by a lawsuit or resort to court process except as California law provides for judicial review of arbitration proceedings. It is agreed that all claim submission, requirements, procedures, and deadlines and all immunities established by the Government Code or other provision of law will apply, but that the undersigned waives all rights to file a lawsuit and agrees, in lieu thereof, to resolving all claims and disputes through the arbitration process. THE TOWN AND THE UNDERSIGNED, BY EXECUTION OF THIS DOCUMENT, ARE GIVING UP THEIR CONSTITUTIONAL RIGHT TO HAVE ANY SUCH DISPUTE DECIDED IN A COURT OF LAW BEFORE A JUDGE OR JURY AND INSTEAD ARE ACCEPTING THE USE OF ARBITRATION.

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

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

**Town of San Anselmo Recreation Department  
COVID-19 Risk Assumption, Waiver, and Indemnity Agreement**

I, \_\_\_\_\_, the undersigned, fully understand that participation in the Town's Recreation Program ("Town Program") by \_\_\_\_\_ ("Participant"), exposes Participant to the risk of death or infection associated with the novel coronavirus (COVID-19). I hereby acknowledge that Participant is voluntarily participating in this Town Program and I agree to assume any such risks. I expressly agree as follows:

1. I hereby warrant and represent that I have reviewed all applicable governmental policies relating to the COVID-19 emergency and have concluded that Participant's attendance in the Town Program is permitted under any and all applicable government-issued mandates, orders, executive orders, recommendations, shelter-in-place orders, quarantines, or prohibitions against non-essential activities.
2. I expressly assume any and all risk relating to any illness, injury, infection, economic injury, or death arising from or relating to Participant's participation in the Town Program, except where caused by the sole negligence or willful misconduct of the Town.
3. I waive and release the Town from any and all claims, causes of action, allegations, or assertions that may arise relating to infection of any person with COVID-19 that occurs, or is alleged to occur, during the Town Program.
4. I agree to defend, indemnify, and hold Town harmless from any and all claims, causes of action, allegations, or assertions made against Town or Town's employees, contractors or volunteers arising from or relating to actual or alleged COVID-19 infection occurring during the Town Program.
5. I agree that the Participant and I shall follow State of California, Marin County and Town public health recommendations and protocols regarding social distancing, facial coverings, and health screenings to help prevent and slow the spread of COVID-19 in the facilities used for the Town Program and in the community.
6. In compliance with the Marin County public health protocol for camps, I hereby attest that Participant will not take part in any other camp or program while Participant takes part in the Town Program.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT IT IS A FULL RELEASE OF ALL LIABILITY RELATED TO COVID-19 CLAIMS AND SIGN IT ON MY OWN FREE WILL.

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

\_\_\_\_\_  
Date

**We will be in contact with you regarding an interview. Please note, we have limited space in this program and not all applicants will be accepted. Registration fee (\$100) will be collected upon acceptance into the program. We are looking forward to a great summer!!!**

**If you have any questions about this program, please contact Veronica Hillard at [vhillard@townofsananselmo.org](mailto:vhillard@townofsananselmo.org)**