

CIT APPLICATION FORM



Located just off Route 42 on the
Cheshire/Prospect town line

Send application, deposit and
other correspondence to:

Erik Patchkofsky, Director
Holiday Hill Day Camp
P.O. Box 3100
New Haven, CT 06515

Director's Phone: 203-387-2267

Director's Fax: 203-387-4432

Email: director@holidayhilldaycamp.com

Our Counselor-In-Training program is designed for 14 and 15 year-olds. This program serves as an excellent transition from "Camper to Counselor" and is a very meaningful way to spend the summer. CITs assist the Counselors in leading groups of campers, and they have the opportunity to participate in many camp activities. CITs must possess responsibility and leadership abilities. CITs also form lasting friendships with fellow staff members that extend beyond camp.

Prospective CITs must complete the application form. If you are applying as a First Year CIT you must also supply us with 3 letters of recommendation. All First and Second year CITs are required to attend and participate in the pre-camp orientation day in June (date to be announced) and training is ongoing during the summer.

Our 2012 camp season begins on Monday, June 25, 2012 and ends on Friday, August 17, 2012.

<i>TUITION RATES</i>	8 Weeks	Per Week
First and Second Year CITs	\$700.00	\$100.00

Rates include bus transportation, lunch and snacks. **We encourage enrollment for the entire summer, though the minimum requirement is 4 weeks.** The weeks do not have to be consecutive, but consecutive weeks are more beneficial to both the CIT and the camp.

Please return the application with a \$100.00 deposit. The balance of tuition is due two weeks before your child begins camp. If your child is not accepted as a CIT, your money will be refunded.

No refund of tuition is made for absence, failure to attend during the full term of enrollment, or dismissal. Holiday Hill Day Camp reserves the right to remove any CIT whose presence is deemed detrimental to the camp.

Camp photos may be used in camp publications/videos/website.

If charging tuition to a credit card, any balances not paid by the due date will be charged in full prior to the CIT's attendance.

HOLIDAY HILL DAY CAMP— CIT APPLICATION

Full Name _____ M F

Full Address (No., Street, Town, Zip) _____

Birth Date _____ Age When Entering Camp _____ Years _____ Months

CIT's Home Phone _____ CIT's Cell Phone _____

Grade Entering in September _____ Name of school _____

Previous Camp Experience

Name of Camp _____

Camper or CIT? _____

of Years attended _____

Parents/Guardians with whom the CIT resides

Parent 1 Full Name _____ Relationship to Camper _____

Full Address (No., Street, Town, Zip) _____

Home Phone _____ Work Phone _____ Cell/Pager _____

Email _____ Invoice this Parent? Yes No Legal Custodial Parent? Yes No

Parent 2 Full Name _____ Relationship to Camper _____

Full Address (No., Street, Town, Zip) _____

Home Phone _____ Work Phone _____ Cell/Pager _____

Email _____ Invoice this Parent? Yes No Legal Custodial Parent? Yes No

Emergency Contact (other than Parents/Guardians listed above)

Contact 1 Full Name _____ Relationship to Camper _____

Home Phone _____ Work Phone _____ Cell/Pager _____

This is my (check one) first year second year at Holiday Hill Day Camp as a CIT.

Bus Pick-up Address (you must be within our busing area) _____

Are you interested in being a bus counselor? Yes No

What age group would you enjoy working with at camp and why?

RELEASE AND WAIVER OF LIABILITY (“RELEASE”)

I, the parent guardian of _____ (the "minor"), understand and acknowledge that the minor may participate in Holiday Hill Day Camp LLC (“HH”) sponsored activities, trips and programs involving direct, indirect, and inherent risk of injury to person or property, and that I assume full responsibility for all such risk. I certify that the minor is qualified, in good health, and in proper physical condition to participate in such activities, trips and programs, and that the minor has no condition, illness, or abnormality which might subject the minor to undue personal risk by engaging in such activities, trips and programs. In consideration of services rendered and benefits conferred by HH, and as a condition of enrolling the minor at HH, I hereby give this Release on behalf of myself, the minor, and all family members of either of us; confirm that I am authorized to do so; and hereby release, waive, covenant not to sue, and agree to hold harmless and indemnify HH and its members, agents, directors, administrators, volunteers, officers, employees, staff and assigns (the "Releasees") from any and all liabilities, claims, demands, causes of action and/or suits for damages and/or losses (including but not limited to physical injury and property damage), that may be sustained by the minor as a result of any accident or occurrence resulting from participation in any HH sponsored activity, trip or program, or from the minor's use of the premises and facilities of HH. I further agree that if, despite this Release, I, the minor, or anyone on my or the minor's behalf, makes a claim against any of the Releasees, I will indemnify, save and hold harmless each of the Releasees from any litigation expenses, attorney fees, losses, liabilities, damages and/or costs that may incur as a result of such claim. I certify that I have read this Release, understand that I have given up substantial rights by signing it, and have signed it freely and without inducement or assurance of any nature and intend it to be a complete and unconditional release and waiver of all liability to the greatest extent allowed by law. I agree that if any portion of this Release is held to be illegal, invalid or unenforceable under law, the balance, notwithstanding, shall continue in full force and effect.

Parent or Guardian name: _____
(Please Print)

Parent or Guardian signature: _____ Date: _____
(Signature Required)

Please enter a check mark beneath the weeks you plan to attend

Week 1 6/25-6/29	Week 2 7/2-7/6	Week 3 7/9-7/13	Week 4 7/16-7/20	Week 5 7/23-7/27	Week 6 7/30-8/3	Week 7 8/6-8/10	Week 8 8/13-8/17

SIGNATURES

CIT Applicant Signature _____

Parent Signature _____ **Date** _____

CAMPER/STAFF HEALTH FORM



INSTRUCTIONS

PART 1 of this form must be filled out and signed by the minor child's parent/guardian or the adult staff person.

PART 2 must be filled out and signed by a licensed health care provider (MD/APRN/PA). Required Physical Exam must have been completed within 3 years prior to the first day of camp.

Once both parts are completed, the form must be returned to the camp office by the first week of June. If this individual will require medication at camp, you must also fill out a medication authorization form. This form is available for download on our website or we can fax or email it to you.



PART 1—to be filled out by minor child's parent/guardian or by adult staff member

Full Name _____ **Check one: CAMPER** **CIT** **STAFF**

Address _____

Date of Birth _____ Age _____ Grade Entering in Sept _____ Gender _____

1st Custodial Parent Name _____ Relationship to Camper _____

Home Phone _____ Work Phone _____ Cell/Pager _____

2nd Custodial Parent Name _____ Relationship to Camper _____

Home Phone _____ Work Phone _____ Cell/Pager _____

Emergency Contact (other than Parents/Guardians listed above)

Contact Full Name _____ Relationship to Camper _____

Home Phone _____ Work Phone _____ Cell/Pager _____

CURRENT HEALTH DATA

List specific allergies and treatment _____

Dietary restrictions or needs _____

Illnesses and medical treatment _____

Other special needs—physical, mental or psychological _____

Preferred Hospital _____

Regular Physician _____ Phone _____

The health history in Part 1 is correct so far as I know, and my child has permission to engage in all camp activities except as noted. **AUTHORIZATION FOR TREATMENT:** I give permission for my child to be treated in accordance with the standing orders as signed by the camp Physician. In the event that I cannot be reached in an emergency, I give permission for my child to be transported to a medical facility for treatment.

Signature of camper parent or guardian or adult staff person

Date

CAMPER/STAFF HEALTH FORM—Holiday Hill Day Camp

PART 2—to be filled out and signed by a licensed health care provider (MD/APRN/PA)

Full Name of Camper or Staff Member _____

Date of most recent exam _____ Height _____ Weight _____ Blood Pressure _____

After examination and my review of this individual's health history, it is my opinion that this person is physically able to engage in camp activities, except as noted below:

Any restriction of activities: _____

Any dietary restrictions or needs: _____

Any allergies or additional health information: _____

This individual is up-to-date on all of the following routine childhood immunizations currently recommended by the American Academy of Pediatrics and National Advisory Committee on Immunization Practices:

	YES	NO		YES	NO
Measles			Hepatitis B		
Mumps			Diphtheria		
Rubella			Pertussis		
Chickenpox			Polio		
Tetanus			Pneumococcal		

Licensed Health Care Provider's Signature (MD/APRN/PA)

Date _____

Address _____ Phone _____

Part 1 must be completed and signed, then Part 2 must be completed and signed by a licensed health care provider. The entire completed form must be sent to the camp office by the first week of June.

**Holiday Hill Day Camp
P.O. Box 3100
New Haven, CT 06515**

**Erik Patchkofsky, Director
Phone: 203-387-2267 Fax: 203-387-4432
Email: director@holidayhilldaycamp.com**

CREDIT CARD PAYMENT FORM



Holiday Hill Day Camp 43 Candee Rd. Prospect CT 06712
(203) 387-2267 Fax: (203) 387 4432

Name of Camper: _____
Amount to be charged: \$ _____
Type of Card: MC ___ Visa ___
Card Number: _____
Expiration Date: _____
Security Code: (3 or 4 digit on back) _____
Name on Card : _____
Billing Address: _____

I hereby authorize Holiday Hill Day Camp to charge my credit card for the above stated amount. I acknowledge that a 2% service fee will be added to all charges.

Signature: _____

Date: _____