



SANDOWN SUMMER RECREATION PROGRAM 2016
COUNSELOR-IN-TRAINING INFORMATION
PLEASE READ ALL INFORMATION CAREFULLY

The Sandown Summer Recreation Program offers a Counselor-in-Training Program for resident Sandown students entering Grades 9 & 10 in September of **2016**. CITs are not employees. They are considered Summer Program participants who are receiving instructional training and hands-on experience working with children in a municipal recreation setting. Submittal of application is NOT a guarantee of participation.

Participants are involved in a training environment with responsibilities. CITs should be mature enough to act appropriately and must be able to receive and follow through with directions given. CITs gain valuable skills that they often use in future work and school environments. We encourage students to participate and look forward to working with them. Many of our current staff members have participated as CITs. Some CITs discover they greatly enjoy working within this type of environment and just as many find they do not. Either way, they will gain valuable work experience and learn about the expectations of having job responsibilities.

Participants are required to commit to one full program week. Applicants may register for *up to 2 weeks* with application submittal, registration form and all required fees paid with application. Space is limited. Those not accepted due to program being filled will be refunded all fees paid. Reviews are given to the participant each week with a copy mailed to the parent/guardian after program completion. Once participant has completed the first week, the program coordinators along with the recreation director, may deny the second week of participation if necessary. In the event that participation in the second week is denied, a refund will be issued for that week. The parent/guardian may consult with the recreation director should there be any questions about performance. In rare instances a CIT may not be invited to continue participating due to maturity level or inappropriate behavior in a recreation setting. This is a rare occurrence.

As a program participant CITs are required to pay the non-refundable program registration fee of \$25 which will include two shirts. CIT shirt is to be worn each day. Please know the correct size when ordering, we are unable to exchange. If in doubt, order larger. *Additional shirts may be purchased by including \$9 per additional shirt with application.* Shirts are to be neat and clean upon arrival in the morning. There is a \$30 weekly fee to participate which includes field trip. Applicants must include one week of availability that is NOT either Water Country or Canobie Lake Park field trip weeks. When submitting an application be sure to include \$25 registration fee + \$30 weekly fee for 2 weeks (\$60) plus any additional money for extra shirts (\$85 total plus any additional shirts). **All paper work including registration/emergency form and all fees are due with your application. Money paid with application will be refunded if program is full. APPLICATION MUST INCLUDE RESIDENT REGISTRATION/EMERGENCY FORM.** Participants will be assigned according to available weeks. Make checks payable to: Sandown Recreation.

It is important that both parent/guardian and applicant note the following: Participation in the CIT program is NOT an offer, nor is it an implied offer of future employment. Fourteen participants will be enrolled in the program. Sandown Recreation maintains an appropriate staff to CIT participant ratio and is unable to hire more staff to accommodate a larger number of applicants. Not all applicants will receive a spot. Please note all deadlines and mandatory orientation date that apply. New applicants who do not attend orientation with a parent or guardian will lose program eligibility. There are no refunds for registration or t-shirt fees unless the program is full when your application is received..

Interested parties may fill out and submit an application by no later than 4 PM on Thursday, June 2nd. A mandatory orientation for new participants, accompanied by a parent or guardian, will be held on Monday, June 13th from 6:00 – 7:00 PM at the Edward C. Garvey Recreation Facility located at 25 Pheasant Run Drive. If you have not participated as a CIT with the program previously, mark your calendars as participation by **both CIT applicant and a parent or guardian is mandatory**. The program is open to Sandown residents only. Participants must be entering at least Grade 9 in September 2016 in order to participate. Proof of age/grade may be required by presentation of a school record and proof of address. ***We will provide a letter of “volunteer hours” for participant if requested, to fill a service hours need.***

Sandown Recreation reserves the right to immediately dismiss a CIT from the program at any time if they are unable to fulfill their responsibilities or for episodes of inappropriate behavior. The parent/guardian will be required to fill out a regular program registration form and return it with application and applicable fees (see below). Failure to return all forms will result in your child not being able to participate. ***All applicable fees must be returned with application and Registration/Emergency Info form.***

SCROLL DOWN FOR APPLICATION FORM

SANDOWN PARKS AND RECREATION SUMMER PROGRAM
COUNSELOR-IN-TRAINING APPLICATION FORM 2016
PROGRAM IS OPEN TO SANDOWN RESIDENTS ONLY

Applications must be filled out and returned by no later than THURSDAY, June 3rd by 4 PM. They may be returned as follows: 1) By mail to: Sandown Parks and Recreation/P.O. Box 642/Sandown, NH 03873 2) Dropped in the recreation mailbox located at Town Hall during regular business hours. 3) Dropped in the drop box located at the Edward C. Garvey Recreation Facility, 25 Pheasant Run Drive. The drop box is located next to the side door by the playground. The box is attached to the outside of the building right next to the door and is available 24/7. Phone the recreation office at 887-1872 if you want confirmation of receipt or by email: recreation@sandown.us **NOTE: A Registration/Emergency form must accompany this application.**

NAME: _____ ADDRESS: _____

GRADE SEPT 2016: _____ ATTENDS THIS SCHOOL: _____ DATE OF BIRTH _____

Tee Shirt Size: Adult S M L XL 2XL Additional shirt(s) @ \$9/each (2 SHIRTS PROVIDED WITH REGISTRATION)

Parent/Guardian Name: _____ Home Phone _____ Cell phone: _____

E-mail Parent (please print neatly) Program provides electronic info: _____

Please fill-in any experiences (if any) working with children:

Please list any special talents you have (musical instruments, arts and crafts, sports, magic, etc.):

**PLEASE CONSIDER MY APPLICATION FOR THE WEEKS LISTED BELOW:
LIST ANY AVAILABLE WEEKS – YOU WILL BE ASSIGNED TO (2) TWO WEEKS**

WK #1 ____ June 20-24 (Glow Bowling) WK #2 ____ June 27-July 1 (Canobie) WK #3 ____ July 5-8 (Sandlots) **NO PROGRAM MONDAY 7/4**
WK #4 ____ July 11-15 (Wallis Sands) WK #5 ____ July 18-22 (Movie: "PETS") WK #6 ____ July 25-29 (Water Country)
WK #7 ____ August 1-5 (Launch Trampoline)

Weeks will be assigned by the Coordinator/Director and be provided to you at Orientation on June 13th for new applicants and via email for returning CITs. Please provide an email address for parent/guardian for electronic communication to you for your CIT. Sandown Recreation does not share e-mail addresses. Sandown Recreation does not communicate via email to program participants, only to a parent/guardian.

E-Mail Address of Parent/Guardian (please print clearly): _____

Include with application: \$25 (Registration fee and 2 shirts) + \$60 for 2 weeks participation= \$85 total) for additional t-shirts include \$9/each shirt order. NO CASH ACCEPTED. Payment by check or money order to: Sandown Recreation.

My child and I, as acknowledged by our signatures below, signify that we both understand that participation in the program is in no way to be considered an offer or implied offer of future employment. We have read the information sheet provided stating requirements of participation. I understand my child may be dismissed from the program at any time if unable to fulfill responsibilities as required. I understand that my child will be provided with a written copy of his/her performance and that one will be mailed to me as well.

PARENT/GUARDIAN SIGNATURE

APPLICANT SIGNATURE

DATE

SCROLL DOWN AND FILL OUT REGISTRATION/EMERGENCY INFO FORM TO INCLUDE WITH APPLICATION

SANDOWN SUMMER RECREATION PROGRAM RESIDENT REGISTRATION/EMERGENCY INFO 2016

A separate form is required for each child. Please fill out BOTH sides of registration form. You must include area codes for any phone numbers that are not in the 603 area code. Checks are made payable to: Sandown Recreation.

NOTE: NO CASH IS ACCEPTED IN PAYMENT OF PROGRAM FEES OR FIELD TRIPS

Participant Name _____ DOB _____ M/F _____ Grade Sept. 2016 _____

Address _____ Town: _____ Home Phone _____

Parent: _____ Cell: _____ Work: _____

Parent: _____ Cell: _____ Work: _____

PARTICIPANT LIVES WITH: ___ Mother ___ Father ___ Both Parents ___ Guardian

Health Insurance _____ I.D. # _____ Epi-Pen: YES (circle if applies)

Allergies _____ Special Needs or medical condition _____

MEDICATIONS: _____ PLEASE ATTACH SEPARATE SHEET IF NEEDED. ALL HEALTH INFO IS CONFIDENTIAL AND PROTECTED BY HIPAA. PLEASE LET US KNOW IF YOUR CHILD USUALLY TAKES A DAILY MEDICATION DURING THE REGULAR SCHOOL YEAR AND IF YOU HAVE CHOSEN TO DISCONTINUE IT FOR THE SUMMER. THIS INFO CAN OFTEN HELP US ADDRESS YOUR CHILD'S NEEDS. PLEASE ATTACH ANY ADDITIONAL INFORMATION NEEDED REGARDING YOUR CHILD'S HEALTH.

INHALER RELEASE/PERMISSION My child _____ uses an inhaler and is carrying an inhaler while attending the Sandown Recreation Program. My child is capable of administering this inhaler to him or herself without assistance. My child has my permission to use the inhaler AFTER the program director or assistant has been notified and staff member is present to observe my child administering the inhaler to him or herself. My child is responsible for this inhaler while participating in the recreation program and its related activities including field trips. I will label my child's inhaler with his/her name. Your child's use will be documented and reported to parent/guardian at the end of the activity period.

PARENT/GUARDIAN SIGNATURE

DATE:

PLEASE READ AND SIGN THE WAIVER BELOW

Participation in this sport/activity/field trip or event may involve risk of injury. As a parent/guardian, I am aware of these hazards and the ability of my child to participate. In consideration for participation in the program(s) listed here, I hereby for myself, my heirs, executors and administrators waive and release all rights and claims against the Town of Sandown, it's officers, employees, agents, volunteers and supervisors, except in the case of their sole negligence, from all losses, injury, damages, fees and other expenses, arising out of or in connection with participation in the activity. In addition, I give permission for the staff of Sandown Recreation Program to provide basic first aid treatment to my child when necessary, and in the event of a more serious illness or injury, I give permission for my child to be transported to a hospital or other emergency medical facility to receive emergency medical treatment. In addition, I give my permission for my child to be treated by qualified medical personnel in the event that the parent/guardian named below can not be reached. I understand that all Recreation Department classes/events may be photographed. Participants may be photographed for Town of Sandown programs and promotions.

PARENT/GUARDIAN SIGNATURE:

DATE:

I UNDERSTAND AND ACKNOWLEDGE BY MY INITIALING I HAVE REVIEWED PARENT GUIDE & THE FOLLOWING:

All Behavior Policies & Procedures as listed in PARENT GUIDE regarding this program, including no refund for dismissal from program for behavior issues and that I have instructed my child in regard to behavior procedures noted in Parent Guide. INITIAL _____

SIGNATURE REQUIRED

DATE: