



CAMP ECHO BRIDGE

Counselor in Training Leadership Initiative



Registration – 2010

Name _____ School _____ Fall '10 Grade _____ Age _____
 Address _____ City _____ Zip _____
 Parent(s) _____ Phone (H) _____ (W) _____
 Emergency Contact _____ Phone _____

Is child taking any medication that needs to be administered during the program? **YES** **NO**

T SHIRT SIZE: Youth Large _____ Adult Small _____ Adult Medium _____ Adult Large _____ Adult X-Large _____

DATES Program runs from 8:30 AM to 3:30 PM at Mason-Rice Elementary School

First Year CIT's – Check the session that you wish to attend. Session 1 and 2 First Year CIT's may sign up for an additional week after their training session to gain more experience.

Session 1: July 12 – July 23 _____ Session 1 Additional Week: July 26 – July 30 _____

Session 2: July 26 – August 6 _____ Session 2 Additional Week: August 9 – August 13 _____

Returning CIT's – Check the session that you wish to attend.

Session 1: July 6 – July 23 _____ Session 2: July 26 – August 13 _____

CIT Residential Camping Week August 16 – August 20 _____ *

*Eligibility is based on the CIT's day camp experience and space. Payment for this trip is not due until August.

TUITION Residents - \$250.00 per session Non Residents - \$275.00 per session Additional Week - \$100.00

- **A \$25.00 late fee will be assessed for all registrations and payments received after May 15, 2010**

TOTALS

Session Fee + Additional Week (if applicable) \$ _____

Plus Late Fee (if applicable)

\$50.00 NON-REFUNDABLE deposit due with registration: \$ _____

Note: The \$50.00 deposit will be deducted from the total due.

Check/Cash/Credit Card

Balance Due by 5/15/10: \$ _____

Please return this form (filled out front and back) with your \$50.00 deposit, made payable to City of Newton. Mail registration, checks and forms back to Newton Parks & Recreation Department, Attn; Camp Echo Bridge, 70 Crescent Street, Newton MA 02466

Counselor in Training Program Credit Card Payment Information

Payment may also be made by Credit Card (Master Card or Visa). Please fill out the information below to pay by credit card.

| | | | |
|--------------------|-----------------|---------------------------------|--------------------|
| Last Name | First Name | Home Phone | Work Phone |
| Street | City | State | Zip Code |
| Credit Card Number | Expiration Date | Visa _____ Master Card _____ | Amount \$ _____ |

**Camp Echo Bridge Counselor in Training Program
Medical Release Form - 2010**

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child_____. However, if I cannot be reached, I hereby authorize the Counselor in Training Program to transport my child to the Newton Wellesley Hospital, or _____ Hospital via Emergency Vehicle, and to secure for my child the necessary medical treatment. I understand that designated staff members at the Counselor in Training Program are trained in the basics of First Aid and Cardio-Pulmonary Resuscitation, and I authorize them to administer immediate First Aid to my child when appropriate.

Signature of Parent(s)/Guardian(s)

Date

Parental Consent Release From Liability and Indemnity For Participation In The Newton Parks And Recreation Department's Camp Echo Bridge Counselor in Training Program

I/We, the undersigned father and mother, or guardian(s) of _____, a minor, do hereby consent to his/her participation in, and field trips with the Counselor in Training Program. I/WE forever RELEASE, acquit, discharge and covenant to hold harmless the City of Newton, a municipal corporation of the Commonwealth of Massachusetts, and its successors, departments, officers, employees, servants and agents, of and from any and all actions, causes of actions, claims, demands, damages, costs, loss of services, expenses and compensation on account of, or in any way growing out of, directly or indirectly, all known and unknown personal injuries or property damages which I/WE may now or hereafter have as the parent(s) or guardian(s) of said minor, and also all claims or rights of actions or damages which said minor has or hereafter may acquire, either before or after his/her participation in, and field trips with, the Counselor in Training Program. FURTHERMORE, I/WE hereby agree to protect the City of Newton and its successors, departments, officers, employees, servants and agents against any and all claims for damages, compensation or otherwise on the part of said minor growing out of or resulting from injury to said minor in connection with his/her participation in, and field trips with, the said Counselor in Training Program and to INDEMNIFY, reimburse or make good to the City of Newton or its successors, departments, officers, employees, servants and agents any loss or damage or cost, including attorney's fees, the City of Newton or its representatives may have to pay if any litigations arise from said minor's participation in and field trips with, the said Counselor in Training Program.

Signature of Parent(s)/Guardian(s)

Relationship

Date

Witness

THIS FORM MAY NOT BE ALTERED

Counselor in Training Program - PHOTO RELEASE

I/WE, the parent(s) or guardian(s) of _____ do hereby grant permission for pictures to be taken of my child for the purpose of publicity for the Counselor in Training Program. I understand that photo's may be published in local papers, on the website, or in future brochures for the Newton Parks and Recreation Department and the Counselor in Training Program.

Signature of Parent(s)/Guardian(s)

Date