

CAMP COUNSELORS IN TRAINING - C.I.T.

*The position of CIT was created for children who have been part of Camp Lourdes each year. We did not want to turn away children who look forward to Camp Lourdes each summer. Please understand that we do have many teen counselors and can not take on additional CITs that do not meet these requirements. All CITs:

- must be "graduates" of Camp Lourdes attending at least two years within the past three years.
- must be entering 6th or 7th grade in the Fall of 2024.
- must be on time everyday and committed to Camp Lourdes (letting us know in advance if there is a day or days you can not make it).
- must follow all of the camp rules, especially those pertaining to safety and respect.
- must remember they act as role models and faith examples to younger children
- must be able to work as a team and be enthusiastic!



Thank you for your interest in becoming a volunteer Camp Counselor In Training! The theme of this year's Camp is "Follow the Signs of Peace!". We will bring many stories of the Bible to life for our campers, through song, crafts and play. Working as part of the staff you are sure to have lots of fun as we "Follow the Signs of Peace!" with the children of Our Lady of Lourdes.

Information Meeting

Thursday, June 6th: 7:30-8:30pm in the Church Hall (*applications due)

Training Meetings

Monday, June 17th: 7:30 - 8:30pm in the Church Hall

Sunday, June 30th: 7:30 - 8:30pm in the School Hall

Camp Dates Weekdays: July 1- July 12th (skipping July 4th)

9:30am-12:30pm (9:00am-1:00pm for counselors & CITs)

*CITs are welcomed to partake in our Bagel, Pizza and Bowling days, however there is a fee of \$25 if they would like to participate in these "extras".

Please fill out the following application and bring it to the rectory by June 6th or bring it to the meeting on June 6th.

Questions call: 516-241-1896

Thanks for your interest in being a CIT!

CAMP LOURDES CIT APPLICATION 2024
Weekdays July 1st - 12th- Skipping July 4th
Applications Due - June 6th

Name: _____

Phone: _____

Address: _____

Grade Entering 9/24: _____

School: _____ Age: _____

TShirt Size (adult sizes) S M L XL

Email Address: _____

Please answer the following questions about being a CIT.

What years were you a camper at Camp Lourdes?

What things were most memorable for you as a camper?

Why do you want to be a CIT?

What do you think will be the hardest thing about being a CIT?

What would make you a good CIT?

What specific talents or abilities would you bring to the children of the Camp?

Are you available for both weeks of the camp?

CAMP LOURDES COUNSELOR IN TRAINING WAIVER & EMERGENCY CONTACT SHEET

I, _____, parent and legal guardian of _____ hereby request and agree that my son/daughter participate in Camp Lourdes. The Camp will take place Monday through Friday from July 1 - 12, 2024 (skipping July 4). Weekday sessions will take place from 9:30am-12:30pm, counselors and CITs are required to be there from 9am-1pm. The Camp will be held on Our Lady of Lourdes property and staffed by Our Lady of Lourdes Youth Ministry.

I have been fully informed of the nature of this activity and I understand the scope and type of activities that will be involved. I agree, unless noted below, that my child may participate in all activities related to this Camp.

**** CITs are given the responsibility to leave on their own from Camp and are not directly released to an adult.**

If for any reason you do not wish your child to participate in particular activities, please specify them here: _____

Medical Conditions

Please list any medical conditions your child may have and/or any medications they will be taking during Camp. _____

Allergies

Please list any medication or food your child is allergic to. _____

***Please note – as a counselor-in-training your child will be helping with the younger children. If you have any concerns or hesitations about that please let us know and we will find a suitable role for your child at Camp. ***

Emergency Contacts

I also consent to my child receiving emergency treatment in the event of illness or injury.

NAMES AND TELEPHONE OF PARENTS/GUARDIANS (please include home, work and cell #)

NAME AND TELEPHONE OF 2 PERSONS TO CALL IN CASE OF AN EMERGENCY
(If you can not be contacted):

1. _____

2. _____

I understand I have read this form and understand its terms.

(Parent Signature)

(Date)

If you **DO NOT** want your child's picture to appear in local newspaper/website/social media please circle here:

NO PUBLIC PHOTOS PLEASE