

**WESTMONT COLLEGE 2016 SUMMER CAMPS
Counselor-In-Training (C.I.T.) Application**

Name:	Age:	Grade Completed:	Birth Date: / /
Address:			
Email:		Phone: ()	

Check camps desired.

	9 AM to 1 PM Camps	
	Sports Skills	June 20 - 24
	Sports Skills	June 27 – July 01
	Archery Badminton 1	July 11 - 15
	Archery/Badminton 2	July 18 - 22
	Track and Field	July 18 – 22
	Girl's Cheer and Dance	July 25 - 29
	Coed Soccer	July 04 - 08
	Girl's Soccer	June 20 - 24
	Tennis 1	July 11 - 15
	Tennis 2	July 18 - 22
	9 AM to 3 PM Camps	
	Basketball Week 1	June 27 – July 01
	Basketball Week 2	July 11 - 15

Have you attended a Westmont camp as a camper?	Yes	No
Have you been a C.I.T. at any camp before?	Yes	No
How did you hear about this opportunity?		
Previous experience working with young children?	Yes	No
Is this in order to earn community service hours for school?	Yes	No

References	
Name:	Phone: ()
Name:	Phone: ()
Parent/Guardian	Phone: ()
Parent Email:	

My above mentioned child has my permission to participate in the designated camp(s) as a volunteer Counselor-in-Training during the dates specified above. The hours daily will be from 8:30 until 1:00 or 3:00 P.M. I agree to arrange for transportation for my child. I also give permission for my child to be photographed for the purpose of camp group pictures and for the purpose of advertising or communicating the purposes and activities of the Westmont Sports Camps. I also verify that my child is in good health. I realize that participation in all sports entails some risk of injury.

Signature of Parent/Guardian **Date**
Return form to: Westmont College, Summer Camps, 955 La Paz Road, Santa Barbara, CA 93108
FAX #: (805) 565-6221 **Phone #:** (805) 565-6010