



Counselor In Training Form

Why do you want to be a counselor-in-training?

What is your prior experience working with young actors?

Are you available for ALL days of camp? If not, please list all conflicts below.

CIT Information

Last Name: _____ First Name: _____
Gender: M F Grade: *(Completed)* _____ Date of Birth: _____ Age: _____
School: _____
Email Address: _____
Mailing Address: _____ City: _____
Zip: _____ Parent(s) Name: _____
Phone: Home: _____ Work: _____ Cell: _____

Emergency Contact

Name: _____ Relationship: _____
Phone: Home: _____ Work: _____ Cell: _____

Medical Information

Doctor: _____ Phone: _____
Health Concerns: _____
Food Allergies: _____
Medical or behavioral condition of which instructors should be aware*:

Emergency Release: I recognize the risks of illness and injury inherent in any program and am participating in the express-agreement and understand that I am hereby waiving and releasing the instructors and Desert Foothills Community Education from and against all claims, costs, liabilities, expenses or judgments arising out of participation. This signature also allows pictures to be taken of myself or my child(ren) for future publication.

Parent/Guardian Signature _____ **Date:** _____