

Counselor-in-Training

WHO: 13, 14 & 15 year old boys & girls

WHERE: Michael G. Perkins Community Center, 47 Academy Avenue, Middletown, NY

TIME: 9:00 a.m. to 3:00 p.m.

WHEN: Session # 1 ... June 26 to June 30 Session # 4 ... July 17 to July 21
 Session # 2 ... July 3 to July 7 (no camp July 4) Session # 5 ... July 24 to July 28
 Session # 3 ... July 10 to July 14 Session # 6 ... July 31 to August 4

FEES: Session #1: \$75.00 for Middletown Residents \$95.00 for Non-Middletown Residents
 Session #2: \$65.00 for Middletown Residents \$85.00 for Non-Middletown Residents
 Session #3: \$75.00 for Middletown Residents \$95.00 for Non-Middletown Residents
 Session #4: \$75.00 for Middletown Residents \$95.00 for Non-Middletown Residents
 Session # 5: \$75.00 for Middletown Residents \$95.00 for Non-Middletown Residents
 Session # 6: \$75.00 for Middletown Residents \$95.00 for Non-Middletown Residents

Full payment is required with registration form. MAIL or BRING to: Middletown Recreation Dept., 47 Academy Ave., Middletown, NY. Registration fees are non-refundable. Pay by CASH-CHECK-MONEY ORDER. We DO NOT take Credit or Debit Cards. Make checks payable to: Middletown Recreation Dept. There is a \$20.00 Service Charge on bounced checks.

Participants will receive CPR & First Aid Training, a free lunch each day, a staff T-shirt, hands on experience and valuable training.

****PLEASE NOTE:** This program DOES NOT offer your child employment after completion.**

*****2017 COUNSELOR-in-TRAINING PROGRAM REGISTRATION*****

NAME _____ AGE _____ BIRTHDATE _____
 ADDRESS _____ ZIP _____
 TELEPHONE#(home) _____ (work) _____ (cell) _____

Please CIRCLE Sessions Desired: # 1 # 2 # 3 # 4 # 5 # 6 Please CIRCLE T-Shirt Size: S M L XL XXL

----- MEDICAL INFORMATION -----

Please write the most recent dates on the below lines.

IMMUNIZATION AGAINST	DATE IMMUNIZED	IMMUNIZATION AGAINST	DATE IMMUNIZED
Varicella(Chicken Pox)	___/___/___	Haemophilus Influenza type B	___/___/___
Diphtheria/Tetanus(DTP)	___/___/___	Measles/Mumps/Rubella(MMR)	___/___/___
Poliomyelitis(OPV)	___/___/___	Hepatitis B	___/___/___

Please inform us of any medications, allergies or health concerns: _____

Name, Address & Phone Number of Responsible Person to Contact in Case of Emergency:

Parent's Signature: _____

Parent or Guardian's Certification: I certify that the above applicant is in good health and has my permission to participate in the 2017 Counselor-in-Training Camp. I also certify that I understand and acknowledge that I will be required to pay a late registration fee of \$20.00 if I fail to meet the registration deadline(prior to 1st day of session), or a late pick-up fee of \$25.00 if I fail to pick-up my child at the designated pick-up time as stated on this registration form.