



# PLCA4-KIDS Summer Sensations Day Camp

## Counselor-in-Training Application

Payette Lakes Community Association  
P.O. Box 891, McCall, ID 83638

(208) 315-0933  
plca4kids@gmail.com

### CIT Information

Peer leadership is an important part of the PLCA4Kids Summer Programs! Students ages 12-14 are encouraged to become Counselor-in-Training or a "CIT".

**Cost:** CITs will still get to participate in all summer activities but at a discounted rate! This fee helps cover the cost of snacks, transportation, field trips, materials, ect.

**SINGLE DAY RATE: \$28**  
**WEEKLY RATE: \$124**

**School Enrolled (please check):**     High School     Middle/Jr High School     Private School     Home School

**Birth date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_    **Age:** \_\_\_\_\_    **Grade (24'25):** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_    **Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_    **Zip:** \_\_\_\_\_

**Guardian Name** \_\_\_\_\_    **Relation to CIT** \_\_\_\_\_

**Phone** \_\_\_\_\_    **Email:** \_\_\_\_\_

**Employer:** \_\_\_\_\_    **Work Phone:** \_\_\_\_\_

❖ I permit PLCA to use any photograph of my child from the Summer Sensations Day Camp for any advertising or marketing purposes during their volunteer time.     Yes     No

### Emergency Contacts:

**1: Contact Name:** \_\_\_\_\_    **Relationship:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**2: Contact Name:** \_\_\_\_\_    **Relationship:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

# Volunteer Authorization for Emergency Medical Treatment

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

List any life-threatening allergy your child has: \_\_\_\_\_

List Date of last Tetanus Shot: \_\_\_\_\_

Insect stings (List Type) \_\_\_\_\_ If stung, please circle response: Call 911 or Swells at site apply ice

Medicine allergies (List Problem) \_\_\_\_\_ Reaction: \_\_\_\_\_

Food Allergies: (List Food) \_\_\_\_\_ Reaction: \_\_\_\_\_

Environmental (i.e. dust, pollen, weeds) \_\_\_\_\_ Reaction: \_\_\_\_\_

If your child has ASTHMA, what starts an attack (Please circle what applies) Exercise Cold Smoke Allergy

List Asthma Medication and dosage \_\_\_\_\_

Is an inhaler utilized?  Yes  No

Medications taken at home: \_\_\_\_\_

Medications taken at school or sporting activities:

My child may take these medications at school. (Please check)  Yes  No Call home:  Yes  No

In the event of serious illness or injury, when your family physician is not available or cannot be located quickly by phone, and we are unable to reach the parents or guardians, do we have your permission to seek medical attention from the nearest physician or may we call emergency personnel?  Yes  No

If you answered "NO" please specify the procedure you wish volunteers and staff to follow:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is it okay to give staff/volunteers who will be working directly with your child access to a copy of this form with the understanding that the form will be kept in a secured place and will remain confidential? (please indicate below)  Yes  No

I, the parent or legal guardian of \_\_\_\_\_ (the "Counselor-in-Training") hereby consent to and authorize the "CIT" to act as a counselor for Payette Lakes Community Association (PLCA 4 Kids). I agree and understand that the Youth Volunteer must comply with the rules and expectations established by PLCA 4 Kids.

I certify the above emergency information to be correct to the best of my knowledge.

Parent/Guardian Name

Signature

Date

## CIT Interests and Availability

*Check areas of interest. Certain positions require pre-requisite skills and training.*

SINGLE DAY RATE: \$28

WEEKLY RATE: \$124

**Check each box for day(s) of attendance**

Date	Monday	Tuesday	Wednesday	Thursday	Friday
<b>Week 1</b> <i>August 12th - 16th</i>					
<b>Week 2</b> <i>August 19th - 23rd</i>					
<b>Total Cost</b>					

Notes about volunteer schedule (½ day help, late arrival, pick up with sibling, ect):

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❖ Need to complete Service Hours - How many hours? \_\_\_\_\_

**Interests** (Please circle any that apply) These could be areas you are interested in learning more about or areas you are excited to help the summer camp kids with. We will need help with everything on this list but will make sure to give priority to your interests!

- |                                 |                           |                 |
|---------------------------------|---------------------------|-----------------|
| Snack Helper/Food Prep          | Playground/Free Time Help | Homework Help   |
| Field Trips Help                | Peer Mentor/Leadership    | Set Up/Clean Up |
| Arts/Crafts                     | Math                      | Science         |
| Reading                         | Social Studies            | Writing         |
| Sports/Physical Education (P.E) | Engineering/Technology    | Music/Theater   |

I, \_\_\_\_\_ (CIT), promise to be a role model, mentor, and leader for the after-school participants as well as a helper to the staff. I will follow the rules and expectations established by PLCA 4 Kids and its instructors.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Email or Mail registration forms to PLCA by May 31st. Po Box 891, McCall ID 83638 or [plca4kids@gmail.com](mailto:plca4kids@gmail.com)  
 Checks payable to PLCA or Venmo payments are available to @plca4kids Please note in the payment that is it for camp and include the camper(s) names.