

Lexington County Recreation

Counselor In Training Program

Lexington County Recreation & Aging Commission
Lexington Leisure Center
108 Park Road
Lexington, SC 29072
(803) 957-7828

Summer Day Camp Director:	Justin Steele
Summer Day Camp Asst. Director:	Erin Thompson
Days/Time:	Monday-Friday, 7:15 am-6:00 pm.
Cost:	\$25 non-refundable registration fee per child. (due when child is accepted into the CIT Program) \$55/week or \$25/day per child. (due the Monday of each week CIT attends) Rates Do Not Include Field Trip Costs.



CIT Information

Facilities

The Counselor in Training (CIT) program is based at the Lexington Leisure Center. The program also utilizes many county parks, tennis courts, softball/soccer fields, sand volleyball courts, and playground areas. Local businesses and public/private facilities will also be used.

Lunch & Afternoon Snack

CITs must bring their lunch every day. Refrigeration & microwave heating are not available. Canteen is available for snacks and drinks. A mid-afternoon snack and drink is provided.

Clothing

CITs should wear appropriate clothing. CITs are required to wear camp t-shirts on all field trip days. Tennis shoes are mandatory. Flip-flops/open-toed shoes permitted on swim days only. Bathing suits, towels and sun screen will be needed on swim days (please send a change of clothes). CITs name should be written on all items brought to camp. Do not bring valuables/personal items. Money should be kept on person or in a secure place. Lexington County Recreation and Aging Commission will not be held responsible for lost, stolen or damaged personal items.

Payment & Fees

The required \$25 registration fee per child is non-deductible and non-refundable. This ensures that each CIT enrolled in the program is covered by insurance. Insurance covering CITs is a secondary policy and has a \$50 deductible. Weekly fees are due by Monday of each week CITs attend. Balances 2 weeks overdue must be paid in full before CIT(s) may return to camp. Any returned checks are processed through the Lexington County Solicitor's Office. If your CIT is unable to attend a full week that you have registered for, please notify Camp Directors a minimum of 5 days prior to the week in writing so that you will not be charged.

Drop-off & Pick-up

No CIT may be dropped off prior to the camp start time. CITs may sign themselves into the program in the morning; however, they must be signed out at the end of the day by an adult. **CITs should arrive no later than 9:00 am.** All CITs must be picked up by the camp closing time. A \$1 late charge per camper will be issued for every minute after the designated pick up time campers remain at the Center. In the event of an emergency, a phone call to Camp Directors may avoid this charge.

Medical Information

Parents are responsible for notifying Camp Directors of any physical/mental/emotional conditions, special needs, medications, or any other general information regarding their child(ren). Medications may only be administered with a signed Medication Form on file.

Camp T-Shirts

Camp t-shirts are included in your CIT's registration fee.

Children with Special Needs

Parents of children with special needs must fill out an additional registration form and participate in an evaluation with our special needs consultant and program directors.

Cell Phones, Electronic Devices & Social Networking

CITs are not permitted to bring cell phones or electronic devices to camp unless otherwise notified by the Director (i.e. field trip out of town). We encourage parents to follow LCRAC on Facebook and Twitter; however, CIT are not allowed to contact LCRAC staff by phone, text, email or on social networking sites. All requests made by CIT to LCRAC staff will be denied. LCRAC directors will notify parents immediately if this occurs. Please make sure that your child(ren) understand and respect this policy.



Registration

Counselor In Training Information

Counselor In Training's Name: _____

Date of Birth: ____/____/____ Age: _____ Grade (Next School Year): _____

Shirt Size: YS YM YL AS AM AL AXL Movie Rating: G PG PG-13

2nd Counselor In Training's Name: _____

Date of Birth: ____/____/____ Age: _____ Grade (Next School Year): _____

Shirt Size: YS YM YL AS AM AL AXL Movie Rating: G PG PG-13

3rd Counselor In Training's Name: _____

Date of Birth: ____/____/____ Age: _____ Grade (Next School Year): _____

Shirt Size: S M L XL Movie Rating: G PG PG-13

Parent/Guardian Information

Billing Address: _____ City: _____ Zip: _____

Mother's Name: _____

Employer: _____ Employer Phone: _____

Father's Name: _____

Employer: _____ Employer Phone: _____

Contact Information

Mother's Home Phone: _____ Mother's Cell Phone: _____

Mother's Work Phone: _____ E-Mail: _____

Father's Home Phone: _____ Father's Cell Phone: _____

Father's Work Phone: _____ E-Mail: _____

Emergency Contact (not parent): _____ Home #: _____

Work Phone: _____ Cell Phone: _____

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Registration

Persons authorized to pick up CIT(s)

*****Everyone MUST present a photo ID in order to pick up CIT(s).*****

Please check the weeks your CIT(s) plan to attend:

	June 6-10		July 5-8		August 1-5
	June 13-17		July 11-15		August 8-12
	June 20-24		July 18-22		August 15-16
	June 27-July 1		July 25-29		

Please initial the statements below

- _____ I have received a copy of the camp program handbook which includes the discipline policy. I have read it and agree to adhere to it.
- _____ I understand that LCRAC does not administer corporal punishment.
- _____ I understand that my CIT(s) is covered with secondary insurance (\$50.00 deductible).
- _____ I give LCRAC permission to transport my CIT(s) on Leisure Center approved field trips.
- _____ I give LCRAC permission to take my CIT(s) swimming.
- _____ I understand that if I get more than 2 weeks behind in payments, my CIT may not return until the account balance is paid in full.
- _____ I understand that my CIT(s) photo may be taken for use in promotional literature. I waive the right to inspect or approve the photo if used for such purposes.
- _____ I understand that any medications that must be administered to my CIT require a Medication Form signed by a parent or guardian.

Waiver

I certify that my child is able to participate and hereby give my approval for the above-named CIT(s) to participate in any and all camp activities including swimming. I assume all risks and hazards incidental to such participation including transportation to and from all activities; and as a condition of such participation, I hereby for myself and my heirs, executors and administrators, waive and release any and all rights and claims for personal injury and otherwise which I may have against the Lexington County Recreation and Aging Commission, their agents, representatives, and successors, for any and all claims of liability. In the event of an emergency, if camp staff is unable to contact me I hereby authorize for medical treatment. By signing below, I assume all responsibilities for charges incurred on my CIT(s) account.

Parent Signature: _____ Date _____

**Registration Fee Must Accompany Completed Application
Prior Balances Must Be Paid in Full Before Registering
Weekly Fees Due Monday of Each Week**

