



Please use a separate form for each child.
Forms available at CAS Centers,
at www.ctaudubon.org and by photocopy

Camp Counselor-in-Training Application

Participant's Name _____ Age _____ Birth date _____

Name of Parent or Legal Guardian _____

Address _____ Phone: Home (____) _____

City _____ State _____ ZIP _____ Phone: Cell (____) _____ Work (____) _____

E-mail Address _____

Emergency Contact Name (*other than Parent*) _____ Phone (____) _____

List any allergies or medical conditions: _____ Bringing an Epi-Pen? Yes or No

How did you hear about the program? _____

DATES AVAILABLE

Have you ever volunteered for the Coastal Center before? If yes, when? _____

Why do you want to be a CIT?

Please list at least 2 references that we may contact.

Name: _____ Phone or Email: _____

Name: _____ Phone or Email: _____

PLEASE PRINT CLEARLY USING BLUE OR BLACK PEN

____ On List ____ Sent Confirmation ____ Med Form ____ Authorization of Meds ____ Date _____



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Parent Agreement and Waiver

I certify that my child is healthy and free of problems that could be deleterious to his/her participation in Connecticut Audubon Society (CAS) programs or classes. In case of injury, I wish to be contacted as soon as possible at the telephone number listed above. If I cannot be reached, please contact the person listed at the emergency number that I have listed above who is authorized to give permission to treat my child. I also give CAS permission to treat my child in the event of an emergency if I, or the emergency contact, cannot be contacted. In the event of serious illness or injury, and so that my child may be sent to a local hospital via ambulance, I understand that I am responsible for all charges either through health insurance or otherwise.

I hereby release Connecticut Audubon Society (CAS) from any and all liability, claims or expenses in connection with any injury to my child resulting from my child's participation in a Connecticut Audubon Society (CAS) event.

Signature: _____ Relationship to child: _____ Date: _____

Photo Release

I give permission to Connecticut Audubon Society (CAS) to photograph my child who is participating in a CAS program or class. I also give permission to Connecticut Audubon Society to use photographs of my child for promotional purposes, including but not limited to the CAS web site, Annual Report, Newsletter, Summer Camp Guide, and other marketing and communication materials.

Signature: _____ Relationship to child: _____ Date: _____