

JORDAN LAKE BOATING CAMP - CILT APPLICATION 2019 (DUE FEB 18)

Please note: We have a limited number of CILT spots. Your child may or may not be selected for the CILT Program. Application Deadline is Feb 18. Email Pages 1 & 2 to don@jordanlakeboatingcamp.com. You will receive acceptance/assignment weeks by March 4. Program details at JordanLakeBoatingCamp.com

CILT Applicant's Name _____ Male / Female

Birth Date ____/____/____ Age on First Requested CILT week ____

Has applicant previously attended Jordan Lake Boating Camp as a camper? Yes / No

CILT Applicant Address _____

Parent/Guardian Names _____

Parent/Guardian Primary Contact Number _____

Parent/Guardian Secondary Contact Number _____

Parent/Guardian Email Address _____

Please share any physical, medical, or emotional conditions that will require our special attention. Please specify particular challenges, allergies, and associated medications or special needs, if any.

CILT WEEKS

We will only consider placing them into weeks you indicate as available. Possibly fewer weeks.

CILT Camp Hours: Drop off is 8:30am / Pick up is 5:00pm

Total number of weeks you would like your CILT to participate this summer _____

Please check any weeks that your child would be available for a full week of CILT

Week 1 - June 10-14 _____

Week 2 - June 17-21 _____

Week 3 - June 24-28 _____

Week 4 - July 1-5 _____

Week 5 - July 8-12 _____

Week 6 - July 15-19 _____

Week 7 - July 22-26 _____

Week 8 - July 29 - August 2 _____

Week 9 - August 5-9 _____

Week 10 - August 12-16 _____

Upon acceptance into CILT Program, you have read, understand, and agree to be bound by our policies as listed on pages 3 & 4. Policies are subject to all applicable laws.

Parent/Guardian Signature _____

Parent/Guardian Print Name _____

Date _____

For CILT Applicants

Please have your CILT complete these questions. There are no right or wrong answers.

Please list work experience, if any:

Supervisor Reference Name and Phone # _____

Please list any applicable skills, experience, certifications

Why do you want to become a CILT? _____

Would you rather comfort one sad child or lead a game with 12 excited children? _____

Would you rather make an announcement to the entire crew or assist staff in setting up an activity? _____

Would you rather tell a story to a kid or hear a story from a kid? Why?

Would you rather teach a kid how to armpit fart or teach them how to tie a knot? Why?

If you have been a camper before, please list one thing you will or do miss about being a camper _____ and one thing you are looking forward to about being a CILT

Anything else you want us to know?

JLBC Waivers and Program Policies

Watkins Endeavor, Inc. dba Jordan Lake Boating Camp, dba Sun Star Farm Camp offers outdoor learning programs in and around Jordan Lake, Apex, NC. Each JLBC has dedicated staff to a limit of at least 5:1 camper to counselor ratio.

Activities in all programs may include, but are not limited to: shelter building from natural materials, animal tracking, farm animal care and feeding, hiking in the woods, running games and other strenuous physical activity.

Risks inherent in these activities include, but are not limited to:

- exposure to and disease from biting insects, ticks, poison ivy, and poisonous snakes
- walking, hiking, running, and playing in hot or otherwise inclement weather
- falls from climbing or slipping on creek banks, tree stumps, branches, & uneven terrain or tripping on rocks/stumps
- campfires which include risk from burns from hot plate, camp fire, or hot food during cooking activities

Activities in Jordan Lake Boating Camp may also include, but are not limited to boating, sailing, kayaking, stand up paddle boarding, swimming in Jordan Lake

Risks inherent in these activities include, but are not limited to:

- drowning or injury while playing near bodies of water (Yes, my child will wear his/her lifejacket for all boating and swimming activities per NC state law)
- unlikely exposure to rare waterborne bacteria or viruses

I swear that I am the parent/guardian of the participant in this registration form and have legal custody of them. I authorize directors, employees and volunteer counselors in whose care my child has been entrusted, to lead the above named child in activities of the type listed above. I further acknowledge that I have familiarized myself with the description of these activities, understand the inherent hazards and participant's personal limitations and knowingly assume all risks of loss, damage or injury that may be sustained through my child's participation in programs offered by Watkins Endeavor, Inc.

I agree to release, indemnify, and hold Watkins Endeavor, Inc., its agents, officers, and employees and volunteers harmless for from any and all liability claims, actions, judgements, damages, or injuries of any kind and nature whatsoever to the participant and/or his/her property arising from participation in activities for which he/she is registering., which may occur during such activities.

- 1) Transportation: I hereby give permission for my child to participate in special activities at Jordan Lake State Park and to travel by 15 passenger van with Watkins Endeavor, Inc. Staff & Volunteers. I understand that only licensed and trained personnel who are minimum age of 21 will operate any vehicle & that there will be at least one extra staff member as a passenger at all times. I agree to release Watkins Endeavor, Inc., its officers and directors, and Staff from any and all claims of damages, demands or liabilities which may arise as a result of my child's participation in vehicle transportation.
- 2) Media Release: I hereby give permission for my image and my child's image to be used by Watkins Endeavor, Inc. for advertising and promotion including on its camp websites and camp Facebook pages
NOTE: For security reasons, children's names are never used with images.
- 3) Personal Items: I agree that my child will not bring hand-held games, tablets, iPods, other electronics or valuables to Schoolhouse programs. I understand that Schoolhouse is not responsible for any personal items lost, stolen or damaged at its programs. CILTs may carry a cell phone for emergency use only. It must remain off and stowed during the camp day. Please text the Captain Don if you need to reach your child: 919-585-1488.

Medical Treatment Policies

1) Authorization for Emergency Medical Care: Should an accident or emergency occur that requires my child to receive medical care, I request and authorize JLBC staff to administer first aid, contact my child's physician or dentist, and/or take my child to a physician or hospital for emergency treatment, or active EMS in the event it appears necessary and a parent or guardian cannot be contacted in a timely manner, as JLBC staff deem appropriate under the circumstances. I give my permission for JLBC to transmit and disclose my child's medical information to the treating medical personnel. I hereby give to any physician, dentist, hospital, or other health care provider consent to perform any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment, under the general or special supervision of the designated physician/dentist specified above, or, if unavailable, any licensed physician or dentist. I agree that I will be financially responsible for the costs of such treatment and transportation.

2) Accident and Health Insurance: Participants are responsible for their accident and health insurance when participating in JLBC on-site or off-site programs.

3) Sunscreen and Insect Repellant: I agree to apply sunscreen and insect repellant before my child arrives at JLBC, and to send additional sunscreen and insect repellant to JLBC with my child each day. I hereby give permission for JLBC staff to supervise and assist my child to re-apply his or her sunscreen and insect repellant before water time and/or as needed throughout the day.

4) Medication: JLBC employees may only administer prescribed medication to a camper with written authorization from you (a parent or guardian).

I also give permission for the camp staff to give liquid dye-free Tylenol and/or liquid dye-free Benadryl if my child is in moderate pain and/or is having a noticeable mild allergic reaction (redness, puffiness).

CILTs will be allowed to self-carry prescribed Epi-pens and inhalers, but these medications must still be registered with a JLBC counselor during check in.

CILT Payment and Cancellation Policies

1) Payment: Payment in full is due at the time of registration (March 25, 2019 deadline). Your child is not considered fully registered until full payment is received.

2) Cancellations and Non-Attendance: Registration fee for CILT Program is non-refundable. For extenuating circumstances, it may or may not be possible to transfer CILT to another week.