

Frogbridge

C.I.T. (Counselor-In-Training) Agreement

(To be filled out by C.I.T.)

I _____ understand that a C.I.T. is considered to be a camper who is
(PRINT YOUR NAME)

currently in the transitional years between being a camper and an Assistant Counselor. As a C.I.T., I understand that I will be training with a team member at Frogbridge Day Camp for 6 periods every day. I may also participate in a group swim with the other C.I.T.'s as well as one activity period and a peer interaction C.I.T. training period.

I understand that as a C.I.T., I am expected to be responsible for all of my actions and should follow direction from the team member to whom I have been assigned to. I also understand that as a C.I.T., I will be assigned to two different divisions throughout the summer as a way to experience the camp while assisting children of different ages. While working in the capacity of C.I.T. I am expected to act as a role model for children with whom I am in contact. This would mean that foul language, poor sportsmanship, and bad manners are considered to be inappropriate behavior and may lead to my dismissal from the C.I.T. Program. Bikinis may not be worn on the camp grounds by any C.I.T. A tankini, bearing less than 2 inches of the navel is permissible.

I understand that Frogbridge Day Camp follows a zero tolerance policy when it comes to bullying or touching campers in any way. Any C.I.T. found hitting, grabbing, squeezing, yelling, fighting etc., or bullying another camper, will be dismissed from the program immediately. I understand that failure to abide by these or any other rules set forth by Frogbridge Day Camp will forfeit any chance to be considered as a team member at camp next season. I also understand that I will be attending one (1) weekly trip. Throughout the course of the summer, I will attend many "day trips", returning to camp at 3:00 P.M. and arriving home as usual. I will also attend "full day trips", returning to camp after 4:00 P.M. and must be picked up by a parent/guardian upon return to camp (see enclosed trip schedule for evening pick up times). For all C.I.T.'s that have done an exemplary job throughout the summer, an overnight trip will also be offered the 7th week of camp.

I understand that my actions while assisting children as a C.I.T, or while in a group of my peers on or off site are carefully watched. I will be held responsible for those actions and I understand that those actions all have a direct affect on being possibly hired as an assistant counselor next summer. I understand and accept the rules of the C.I.T. Program at Frogbridge Day Camp as explained to me at the annual C.I.T. training meeting in June, and will be attending a weekly trip throughout the summer. Finally, I understand that attaining a position next summer as an assistant counselor is extremely competitive, with very few openings available annually. All C.I.T.'s are evaluated at the conclusion of the summer and only those C.I.T.'s with a superior evaluation will be considered to interview for a camp position next summer. Enrollment in the C.I.T. Program does not guarantee an assistant counselor position next summer.

I also understand and agree that by not returning this permission slip to Frogbridge prior to June 1st, I may forfeit my child's opportunity to participate in this program.

PRINT C.I.T.'S NAME: _____

SIGN C.I.T.'S NAME: _____ DATE: _____

PRINT PARENT/GUARDIAN'S NAME: _____

SIGN PARENT/GUARDIAN'S'S NAME: _____ DATE: _____

Frogbridge Day Camp ~ 7 Yellow Meeting House Road, Millstone Twp., NJ 08510

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