Dear Parents and Counselors In Training (C.I.T.),

Thank you for choosing St. Louis County Park’s and North County Recreation’s Counselor In Training Program for your summer adventure. Please read all materials enclosed in this packet carefully and return all of the completed forms to the North County Rec. Complex (2577 Redman Rd.) or by email to tfugman@stlouisco.com at least one week prior to the start of the camp session. If the C.I.T. is attending multiple sessions, you will only need to fill out the forms once (please let the camp directors know if any of the information changes at any time). Please note that your C.I.T. will not be able to attend if these forms are not on file!

Please be aware that our camps are often outdoors (weather permitting) and the C.I.T.s and campers participate in sports, games, fishing, swimming, art & crafts, and many other activities. A field trip or special event (on or off campus) will be scheduled each week and incorporated into the planned activities. There will be some classroom sessions each week, but the majority will be hands on training with our Eagles’s Nest day camp for ages 5-12. C.I.T. participants should be equipped with the same items as campers to be able to be involved fully with the program. Our shared goal is for every C.I.T and camper to enjoy their days at camp in a safe, caring, and fun environment.

The following is a list of things required for the C.I.T. program:
1. Tennis shoes (C.I.T.s without tennis shoes will not be allowed to participate until proper shoes are delivered).
2. Sunscreen.
3. Plenty of water marked with C.I.T.’s name (you may want to freeze a bottle the night before so C.I.T.s have cold water as it thaws).
4. Breakfast and lunch provisions are available, but you are also welcome to send a nonperishable lunch with drink marked with C.I.T.’s name.
5. Other specialty items noted on the camp item list that will be emailed to you (i.e. Swimsuit, towel, goggles, etc.)

If you have any questions regarding this information, please contact us at 314-615-8841.

Thank you and see you this summer!

Camp Eagles’ Nest Staff
1. C.I.T.s must follow St Louis County Parks & Recreation Fair Play Policy. *Both parents and C.I.T.s must sign the policy.*

2. All C.I.T.s must have a completed Participant Information/Medical Release form on file by the first day of camp. C.I.T.s are NOT allowed to have medication of any kind during day camp hours unless the “Consent to Administer Medication” form is properly filled out.

3. C.I.T.s, for their own safety, should wear comfortable clothing suitable for outdoor activities. This is a CAMP with OUTDOOR activities. No sandals, open toed shoes, or crocs are allowed for most activities (water activities are the exception). IF PROPER FOOTWEAR IS NOT WORN, PARENTS WILL BE CALLED AND THE C.I.T.s WILL NOT BE ALLOWED TO PARTICIPATE UNTIL PROPER SHOES ARE PROVIDED.

4. NO CELL PHONES, PAGERS, TOYS, TRADING CARDS, CD PLAYERS, IPODS, RADIOS, ELECTRONIC GAMES OR SIMILAR DEVICES WILL BE ALLOWED AT CAMP.

5. BREAKFAST & LUNCH: Breakfast and Lunch options are provided, but you are also welcome to send a nonperishable lunch (refrigeration is Not available) with a drink to camp every day. MARK THE LUNCH WITH YOUR C.I.T.’S NAME.

6. WATER: The weather during camp is usually hot. Drinking fountains are available, but we recommend sending 2 water bottles (one frozen during hot weather). MARK THE WATER BOTTLES WITH YOUR C.I.T.’S NAME.

7. SUNSCREEN: C.I.T.s will need to use sunscreen. MARK THE SUNSCREEN WITH YOUR C.I.T.’S NAME.

8. The C.I.T program is limited to registered participants only. NO GUESTS!

9. ALL C.I.T.s MUST SIGN IN AND OUT ON A DAILY BASIS. The basic counselor in training program begins at 9:00 am and ends at 3:00pm. C.I.T.s are welcome to attend our AM (7-9am) or PM (3-6pm) at no cost as long as they continue to assist with the campers.

10. All C.I.T.s must have the proper forms prior to the start of the program. The Authorized Walk and Pick up Release Form must be filled out prior to the C.I.T. being released from the program. Please keep these forms updated. C.I.T.s will only be released to the authorized person or method agreed to in the form (such as signing self out).

11. All C.I.T.s will receive a “report card” at the end of each week session. Participation performance may determine as to whether they may continue in further C.I.T. program sessions.

12. Refund Policy – Refunds will be given for program sessions if requests are received **30 days or more prior to program session start date**, less a $20 processing fee. No refund or credit given for requests received less than 30 days prior to camp start date.
Counselor In Training Program 2019
Participant Information

<table>
<thead>
<tr>
<th>CIT’s Name</th>
<th>Parent’s Email (one that gets checked often)</th>
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<table>
<thead>
<tr>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>ZIP</th>
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<tr>
<th>Birth Date</th>
<th>Age</th>
<th>Sex</th>
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<table>
<thead>
<tr>
<th>Parent/Guardian’s #1 Name</th>
<th>Cell/Home Phone ( )</th>
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</thead>
<tbody>
<tr>
<td>Parent/Guardian’s #1 Employer</td>
<td>Work/or other Phone ( )</td>
</tr>
<tr>
<td>Parent/Guardian’s #2 Name</td>
<td>Cell/Home Phone ( )</td>
</tr>
<tr>
<td>Parent/Guardian’s #2 Employer</td>
<td>Work/or other Phone ( )</td>
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**EMERGENCY CONTACTS**
(To be used in the event we cannot reach someone at the numbers listed above)

<table>
<thead>
<tr>
<th>Emergency Contact #1</th>
<th>Phone ( )</th>
<th>Relationship</th>
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<tbody>
<tr>
<td>Emergency Contact #2</td>
<td>Phone ( )</td>
<td>Relationship</td>
</tr>
<tr>
<td>Doctor</td>
<td>Phone ( )</td>
<td></td>
</tr>
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In case of an emergency, which hospital do you prefer?

**Authorized Walk, Ride, Pick-Up Release**
Please list four (2-4) people you authorize to pick up your CIT from St. Louis County Parks and Recreation’s summer program, other than parents listed above (if a parent is not authorized, please let us know). Please remember to include all car pool drivers, nannies, neighbors, co-workers and relatives who might be involved with CIT pick up.

<table>
<thead>
<tr>
<th>Pick Up Contact #1 (Required)</th>
<th>Phone ( )</th>
<th>Relationship</th>
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<tbody>
<tr>
<td>Pick Up Contact #2 (Required)</td>
<td>Phone ( )</td>
<td>Relationship</td>
</tr>
<tr>
<td>Pick Up Contact #3</td>
<td>Phone ( )</td>
<td>Relationship</td>
</tr>
<tr>
<td>Pick Up Contact #4</td>
<td>Phone ( )</td>
<td>Relationship</td>
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My CIT has permission to: (please check appropriate selections if applicable):

- [ ] Walk to Camp
- [ ] Ride Bike to Camp

(Please make CIT aware that they must sign themselves out if you check either of the 2 options above)
MEDICAL/HEALTH INFORMATION
Please complete the following items to provide pertinent health/medical information on the participant.

<table>
<thead>
<tr>
<th>Allergies (medications, food, insect stings or bites, etc.)</th>
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<tr>
<th>Medications taken on a regular basis/including Epipens and inhalers (please complete the Consent to Administer Medication form)</th>
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<tr>
<th>Past Pertinent Medical History</th>
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<tr>
<th>Accommodations, assistance, or modifications necessary or desired for participant</th>
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<tr>
<th>Treatment Authorization: The above information is correct to the best of my knowledge. St. Louis County Parks and Recreation is hereby authorized to provide basic first aid and/or seek advanced emergency medical attention for the participant from designated Emergency Medical Service providers for illness and/or injury occurring during St. Louis County Parks and Recreation programs.</th>
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<tr>
<th>Parent/Legal Guardian Signature</th>
<th>Date</th>
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</table>

Photographic Release

I hereby do consent and authorize St. Louis County Parks and Recreation to reproduce photographs or video taken of my CIT for education, advertising and publicity purposes of every description.

<table>
<thead>
<tr>
<th>Parent/Guardian Signature</th>
<th>Date</th>
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</table>

Statement of Intent

Please briefly tell us why you want to participate in the CIT program & what you hope to learn (if needed, please attach additional page):

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

<table>
<thead>
<tr>
<th>Counselor in Training Signature</th>
<th>Date</th>
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</table>
Counselors in Training are not allowed to have medication of any kind in their possession during day camp hours (with the exception of an Epipen or inhalers). We urge parents to check with their child’s physician to see if alternate medicines can be dispensed at home. Our preference is that our staff not be responsible for assuring that CITs take medication(s). However, if a CIT does require medication during camp hours then all prescription medications will be given in accordance with the following policies:

1. The Parks and Recreation Department must have a release form signed by the parent on file for each prescription medication the CIT is to receive before day camp begins. The release form is attached.

2. Parents must provide a letter from the prescribing physician stating the diagnosis and confirming the need for medication during camp hours. Included in this letter must be the physician’s prescription for all medication the CIT will be taking at camp. Any changes in medication, dosage, or time it is to be given must be documented in writing by the prescribing physician.

3. These required documents (including the release form) must be brought or mailed to the department before the first day of each camp session.

4. All medication must be in the original prescription bottle from the pharmacy when given to the day camp director on Monday morning(s). We recommend bringing a week’s worth of medication to camp on Monday.

5. Parents are responsible for making sure their CIT has enough medication at camp and for picking up any unused medication at the end of a session.

6. The CIT participant is responsible for coming to the camp director/recreation supervisor to receive medication at the scheduled time.

7. CITs needing to keep an Epipen or inhaler with them, should have it placed in an outside pocket of their pack marked with an “X” made by marker or secure tape.

8. Staff will be responsible for documenting all actions pertaining to medication at camp.

Should you have questions or concerns please call us at 314-615-8841.
N/A No Medication required

ST. LOUIS COUNTY PARKS AND RECREATION
CONSENT TO ADMINISTER MEDICATION

My name is ___________________ and I am the parent/legal guardian of
______________________________________________________, who is a participant in the
____________________ Counselor in Training _______ Program at ___ North County Rec. Complex, run
by the St. Louis County Department of Parks and Recreation. The sessions run from
_________________________ to _________________________.

My child has a medical need which requires that he/she take the following prescription
medication: ___________________________________________________

However, during the times the program is being conducted, I am not available to
administer the medication to my child. Therefore, I am, by this document, requesting
that personnel of the St. Louis County Department of Parks and Recreation administer
the prescription medication to my child. I will deliver the medication to the appropriate
Parks Department personnel prior to the time my child needs it. I understand that the
person(s) who will be administering the medication are not trained medical
professionals, or health care professionals, and have received no special training in
administering the medication that I am asking them to administer to my child. I
understand Parks Department personnel will not administer medication without proper
prescription documentation.

I promise not to make any claim against St. Louis County or any of its employees
or volunteers for any acts of negligence which might arise out of the administering of the
above described medication to my child.

_________________________________________   _________________________
Signature of Parent/Legal Guardian                      Date

Approximate time(s) to administer the medication_______________________________

Date through which the consent is valid________________________________________

PLEASE return this form and the other required documents to the Parks and Recreation
Department BEFORE the first day of the program. Thank you!
ST. LOUIS COUNTY PARKS AND RECREATION
FAIR PLAY POLICY & BEHAVIOR POLICY

Return this form (signed by both CIT & parent) by 1st day of camp.

Our goal is to provide for personal growth in a safe environment. Please assist us in maintaining a safe and enjoyable environment by following the Fair Play Policy.

Individuals using the St. Louis County facilities are expected to:

1. Wear appropriate attire in recreation facilities, this includes a shirt and shoes in the recreation complex.
2. Refrain from using profane language.
3. Refrain from placing themselves and/or others at risk (i.e. hitting, fighting, biting, kicking, spitting, etc...)
4. Respect one another and one another’s belongings.
5. Not participate in any unlawful activities (i.e. illegal drugs, weapons, vandalism, stealing, etc...)
6. When participating in recreation programs, remain with the instructors, following directions to the best of their ability and refrain from disrupting the program.

Persons endangering the safety of themselves or others will be removed from the park facility or recreation program. Other infractions of the rules will be handled as deemed necessary by the recreation staff.

BEHAVIOR POLICY

Counselors in Training who misbehave or break camp rules will be given a series of check marks leading up to an “infraction”. We reserve the right to bypass one or more steps in this process if a situation warrants it. Especially in a situation that involves physical contact, we reserve the right to remove the CIT from the program without refund.

Modifications to these rules may be made to accommodate individual needs.

1st Offense: CIT discusses issue with lead counselor.
2nd Offense: CIT discusses issue with camp director/recreation supervisor.
3rd Offense: An “infraction” will be given and parent notified.

Not cooperating while disciplined will result in additional “infractions”.

1st Infraction: Conference with Camp Director, Recreation Supervisor, child and parents.
2nd Infraction: Conference with Camp Director, Recreation Supervisor, Complex Manager, child and parents, suspension from the program for 3 days.
3rd Infraction: Dismissed from camp with NO REFUND.

<table>
<thead>
<tr>
<th>Parent/Legal Guardian</th>
<th>Date</th>
<th>Counselor in Training</th>
<th>Date</th>
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