



COUNSELOR-IN-TRAINING INFORMATION FORM

General Information: (Please Print)

Name: _____ Date of Birth: _____
Address: _____ City: _____ Zip: _____
Home Phone: _____ Work Phone: _____
Cell Phone: _____ Grade entering in fall: _____
Email address: _____

Individual(s) to be contacted in case of emergency:

Name: _____ Relationship: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____

Person (other than parent) authorized to drop off / pick up CIT:

Name: _____ Relationship: _____
Home Phone: _____ Cell Phone: _____

Are there any custody issues we should be aware of? No Yes (if yes, attach a copy of court order)

Health issues and special accommodations: Are there any health concerns that our staff should be aware of? (asthma, allergies, hypoglycemia, seizure disorder, etc.) No Yes (if yes, please specify)

What symptoms would you exhibit _____

Requested actions to be taken by staff: _____

Information required by state regulations :

My immunizations are up to date. No Yes Date of last tetanus: _____ Unknown

Participant's Primary Physician: _____ Physician's Phone: _____

I understand: 1. By registering for the CIT program, I verify that my child's immunizations are up to date. 2. That there are inherent dangers in any recreational activity, programs, or camp. 3. That I must be aware of the hazards associated with each activity, such as use of equipment, slips and falls, personal level of fitness, training, and various athletic injuries. 4. That the possible consequences of participating in these activities include the possibility of serious injury. I agree: 1. To obey the rules and regulations for each activity and to follow the directions of the staff. 2. To inform a staff member of any dangerous or potentially hazardous situation that I may observe. 3. That if I do not understand how an activity is performed or how a piece of equipment is to be used, I will ask a staff member prior to beginning that activity. 4. To inform a staff member if I have any problems meeting the physical requirements necessary for participation in any activities. I am aware that while participating in a recreation activity or program arranged by Unbridled Rehabilitation Services, LLC, certain risks and dangers may be present, including but not limited to those generally associated with certain activities, equine activities, exposure to sun and insects, and of those forces of nature. I agree to indemnify and defend Unbridled Rehabilitation Services, LLC and hold it harmless from and against any and all claims, suits, damages, liabilities and expenses, including attorney's fees and Unbridled Rehab's costs of defense, in connection with loss of life, personal or bodily injury and /or damage to or loss of property that arises from the participation of _____ (Name of Participant) in _____ (Name of activity or program. In EMERGENCIES requiring immediate medical attention, your child will be taken to the NEAREST HOSPITAL EMERGENCY ROOM. Your signature authorizes the responsible person at the program to have you or your child transported to that hospital.

Signature of Participant or Parent/Guardian if under 18:

Date

Participation fee: \$25

Will you be accruing hours for service learning requirements? **Yes** **No**

Please mail/fax form to: Unbridled Rehab Summer Programs 3750-A Shady Lane Glenwood, MD 21738 Fax: (410) 774-4090