



Camp Runamuk

March 8th-11th, 2019

Oracle, Arizona

Counselor-In-Training (CIT)

Counselor Assistant In-Training (CAT)

Application

(To be filled out by the camper)

Applications must be returned with a 25%, non-refundable deposit to

The Foundation for Exceptional Kids at

1848 N. 52nd St. Phoenix, Arizona 85008

Applications are accepted on a first come, first serve basis. *See below for Camp Fees.*

All fees are due in full and are non-refundable after January 1, 2019.

Please contact us with any questions or concerns via email at Jenna@ForExceptionalKids.org or
by phone at 480.902.0771.

Fee of \$175 and 24 hours of respite or \$275.

Counselor Information

Name: _____

Address: _____

City: _____ State/Zip: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: _____ Email: _____

Please Check One:

A **Counselor Assistant In-Training** attends camp with their family and is between the ages of 13-15. Sleeps in the same cabin as their family.

A **Counselor-In-Training** may attend camp without their family and is between the ages 15-18. Sleeps in the CIT cabin with other CIT's and CIT staff.

Grade in School: _____ Extracurricular activities: _____

Questions

Please list any work or volunteer experience (include employer name, position and dates of work): _____

Please list any summer camps, weekend camps or day camps attended and the number of years attended: _____

Please list any experience you have had working with kids (this can include babysitting or caring for younger siblings): _____

Why do you want to be a CAT/CIT?

What do you hope to get out of being a CAT/CIT? What do you hope to do with the skills that you learn from being a CAT/CIT?

As a CAT/CIT we want for you to take learning about leadership seriously. While at camp you will be a role-model to younger campers. How would you be sure that you were not acting like a camper?

Part of camp may feel like “work,” you will have responsibilities of helping run activities for younger campers and helping to keep camp clean. Please write down some experiences you have had either working or volunteering for someone else who gave you responsibilities to be completed.

Parent/Guardian Information

Name(s): _____

Email(s): _____

Cell Phone(s): _____

Insurance Information

Primary Insurance:

Name of Insurance Co: _____ Policy #: _____

Name of Policy Holder: _____ Relationship: _____

Names of Covered Individuals: _____

Secondary Insurance:

Name of Insurance Co: _____ Policy #: _____

Name of Policy Holder: _____ Relationship: _____

Names of Covered Individuals: _____

Please use additional paper if family has additional coverage. All individuals attending camp must have insurance information on file.

Camper Information

Name: _____

Age (as of 10/2015): _____

Gender: M F

Support Coordinator: _____

Need a GFCF meal? Yes No

Other Dietary Considerations: _____

Camp T-shirts must be pre-ordered and are included in the cost of camp. Due to ordering time we cannot guarantee families that register January 1, 2019 will receive a Camp Runamuk t-shirt.

T-shirt size (please circle):

Child S M L XL

Adult S M L XL XXL

Please attach a recent photo with your application

Payment Information:

An invoice will be sent to you via email from PayPal.

I authorize *the Foundation for Exceptional Kids* to invoice the following:

Pay in full \$_____

25% of \$_____

(Remaining balance must be paid by January 1, 2019.)

Make monthly payments of \$_____

(Monthly payments will be made on the 1st of each month until paid in full.)

Signature _____ Date: _____

Permission and Consent

- I hereby give myself and my child(ren) permission to participate in Camp Runamuk activities.
- I understand that the 25% deposit is non-refundable.
- I understand that all fees are due in full and are non-refundable after January 1, 2019.
- I have read and approve of this application in its entirety. I hereby release the Foundation for Exceptional Kids, S.E.E.K. Arizona, and their respective directors, employees, volunteers, and other representatives from any and all responsibility of any nature for such actions and for any loss or damage to property or personal injury to myself or my child while attending Camp Runamuk, regardless of how such injury or harm arises, and regardless of who is at fault.
- I understand that part of the camping experience involves activities and group interactions that may be new to me and my child, and that they come with uncertainties beyond what my child may be used to dealing with at home. I am aware of these risks, and I am assuming them on behalf of myself and my child. I realize that no environment is risk-free, and so I understand and have instructed my child on the importance of abiding by the Camp's rules, and my child and I both agree that we are familiar with these rules and will obey them.
- I agree that Camp Runamuk, the Foundation for Exceptional Kids and S.E.E.K. Arizona has my permission to use photographs, videos or likenesses of my child and/or me for promotional purposes, unless I indicate otherwise in writing.
- I understand that Camp Runamuk staff does not accept tips or gratuities. Our staff understands this and agrees to adhere to it in their signed agreements. Donations in honor of staff members are welcomed to the Staff Appreciation Fund.
- I acknowledge that this is a family camp and that I will be responsible for all medical decisions on my own behalf and on behalf of my child(ren). I also acknowledge that no one other than the parent/guardian(s) may administer medications to my child(ren). In case of medical emergency, I understand that every reasonable attempt will be made to contact me or the emergency contacts listed on my emergency contact form. However, in the event that I, or my named contacts, cannot be reached, or in the event that I am for any reason unable to make medical decisions for my child/children or myself, I give my permission to the adults and supervisors in charge of Camp Runamuk to secure emergency medical treatment for my child/children. I further acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred for any illness or injury sustained, including charges that are not covered by my personal health insurance.
- I understand that payment is due in full by January 1, 2019 and is non-refundable.
- I understand that the Camp Director reserves the right to remove any participant without refund who:
 - a) Willfully disregards Camp rules, or who endangers his/her or others' safety;
 - b) Harms him/herself or other member of the community;
 - c) Destroys Camp property or the property of another member of the Camp community;
 - d) Acts in any way which the Camp Director, in her sole discretion, finds to be detrimental to the Camp community.
- Our family understands and agrees to all of the following rules:
 - a) We will not bring/use illegal drugs or alcohol to/at Camp Runamuk
 - b) We will not bring knives or potentially dangerous items to Camp Runamuk
 - c) We will not swear or use foul language at Camp Runamuk
 - d) We will treat all campers and staff members with respect at all times
 - e) We will follow the Camp Director's instructions regarding any out of bounds areas
 - f) We will respect Triangle Y Ranch property and equipment at all times
 - g) We will smoke in designated areas only

I acknowledge and I am signing for all members of my family listed on page 3 of this application.

Parent/Guardian Signature: _____ **Date:** _____

CAT/CIT Signature: _____ **Date:** _____