

# 2017 Recreation and Team Sports Counselor-In-Training (CIT) Application

The RATS Counselor-In-Training program is open to energetic, sports-minded youth entering 9<sup>th</sup> and 10<sup>th</sup> grades. As a CIT, you will help teach and play sports and games, including basketball, baseball, football, soccer, and a wide variety of alternative games. If you would like to work and play with younger kids, while gaining valuable work skills, apply to be a CIT this summer!

Name: \_\_\_\_\_ School Fall 2017: \_\_\_\_\_

Why are you interested the RATS CIT program?:

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**Location:** *Willard Middle School Playground  
2425 Stuart Street, Berkeley  
(cross street Telegraph)*

**Dates:** *Weekly, June 19- July 28, 2016 (closed July 4)*

**Hours:** *8am-5:30pm*

**Cost:** *\$100 per week, except as noted.*

Dates: Six one-week sessions are available. Your schedule will be flexible, and can be arranged with Don, depending on your needs and the program's needs. All applications are subject to acceptance. If you are not accepted to the program, all fees will be refunded in full.

Please circle the session(s) for which you would like to register:

Week #1: June 19-23	\$100
Week #2: June 26-30	\$100
Week #3: July 3-7 (closed July 4)	\$80
Week #4: July 10-14	\$100
Week #5: July 17-21	\$100
Week #6: July 24-28	\$100

Circle preferred Adult T-shirt size:      Small      Medium      Large      XL      XXL

Return this application and medical form with your payment to:

RATSPORTS, 1716 Lincoln Street, Berkeley, CA 94703

If you are not accepted to the RATS CIT Program, all fees will be returned.

Enclosed is full payment of \$ \_\_\_\_\_

**2017 AGREEMENT FOR ADMISSION, EMERGENCY MEDICAL TREATMENT,  
GENERAL CONSENT WAIVER**

**Participant Information:**

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_  
Last Name First Name Age Date of Birth Gender

Child's Address \_\_\_\_\_ School /Grade Fall 2017

**Parent /Guardian Information: \* = Call First**

\*Parent/Guardian #1 \_\_\_\_\_  
Name \_\_\_\_\_ Email \_\_\_\_\_  
Mailing/Billing Address \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Home Phone Work/Cell Phone

Parent/Guardian #2 \_\_\_\_\_  
Name \_\_\_\_\_ Email \_\_\_\_\_  
Mailing/Billing Address \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Home Phone Work/Cell Phone

**Emergency Contact Information:** Please list two additional people you give us permission to contact in case of emergency, and to whom we may release your child.

1) \_\_\_\_\_  
Name Relationship Home Phone Work/Cell Phone

2) \_\_\_\_\_  
Name Relationship Home Phone Work/Cell Phone

**Sign-Out Information:** List any other persons authorized to pick up your child, **in addition** to those listed above:

\_\_\_\_\_  
\_\_\_\_\_

**Medical/Behavioral Information:**

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_ Insurance/Policy #: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_ Insurance/Policy #: \_\_\_\_\_

**Any allergies to medications, animals, insects, or food?** Y N

If yes, please describe: \_\_\_\_\_

**Medications/Special Instructions:**

\_\_\_\_\_

**\*\* Does your child have any special physical, behavioral or other needs?** Y N

If so, please describe: \_\_\_\_\_

**REQUIRED SIGNATURES:**

**Indemnification Waiver (RATS = Recreation and Team Sports)**

I certify that the child named above is in normal health and give permission for him/her to participate in program activities. I hold blameless RATS and all involved in the program, including staff and directors, from any liability for any harm that befalls my child as a result of participating in the program. I authorize the employees of RATS to administer first aid, and to consent to medical care to be rendered to my child upon the advice of a physician. The undersigned further agrees that the employees and directors of RATS are not legally or financially liable for any claim arising out of consent given in good faith in connection with such diagnosis and treatment.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Photo Release (RATS = Recreation and Team Sports)**

I hereby grant RATS the right and permission to use any photos or videos taken of my child while participating in the program for promotional/advertising/fundraising purposes.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_