

**NORTH TORONTO**  **BASEBALL CAMP**  
**CIT Application :: 2012**

### **Application Process**

To apply for a 2012 position at our Main Camp or Elite Camp, please complete the following steps:

1. CIT Application
2. Response Letter: 300-Word Paragraph
3. Reference: One reference and contact information

Please write a brief 300-word Response Letter explaining why you want to be a CIT and what qualities you exhibit that will make you a successful counselor at NTBC in the future.

Selection of CITs will be based on a first-come, first-serve basis plus an evaluation by camp directors. Please submit the CIT application + Response Letter to [info@ntbaseballcamp.com](mailto:info@ntbaseballcamp.com) or mail it to 28 Lower Links Rd. Toronto, ON M2P 1H6.

### **Criteria**

Must be 15 as of December 31<sup>st</sup>, 2012 to apply.

### **Time and Dates**

CITs will be selected for two-week sessions at Main Camp (Memorial Park) or Elite Camp (Sentinel Park). Camp operates from 8:30 a.m. to 4:30 p.m. Monday to Friday. Specific dates will be finalized if accepted.

### **Fee**

There is no fee to enroll in the CIT program. Please note CITs do not receive a salary.

### **Expectations and Conduct**

CITs are expected to exhibit high standards of personal conduct. CITs must understand that their responsibility is to serve the needs of the camp program in addition to being role models for the campers. NTBC will not tolerate any behaviour that will belittle, embarrass, or hurt a camper physically or emotionally. CITs not meeting camp standards will be disciplined accordingly and will not be hired as a counselor in the future.

## **Evaluations**

Performance evaluations will be used to provide feedback to CITs on how they are performing their duties. The goal is to make expectations clear, create opportunities to improve, and provide the camp with the tools necessary to evaluate CITs for future employment. The camp directors will carry out all performance evaluations.

## **Responsibilities**

CIT's will be responsible for assisting counselors in carrying out various drills, general supervision of campers, and setting up the facilities each morning and afternoon. If you have any questions or concerns regarding the application process or being a counselor, please feel free to contact us directly at (416) 619-1224 or by email at [info@ntbaseballcamp.com](mailto:info@ntbaseballcamp.com).

# CIT APPLICATION 2012

## Family Information

CIT Information:  Girl  Boy

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

School: \_\_\_\_\_

Last Camp Attended: \_\_\_\_\_

Birthdate: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

### Father:

Salutation:  Mr.  Dr.  Other \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Home Telephone: ( ) \_\_\_\_\_

Bus. # ( ) \_\_\_\_\_

Cell # ( ) \_\_\_\_\_

E-mail: \_\_\_\_\_

Occupation: \_\_\_\_\_

### Mother:

Salutation:  Ms.  Mrs.  Dr.  Other \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Home Telephone: ( ) \_\_\_\_\_

Bus. # ( ) \_\_\_\_\_

Cell # ( ) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Occupation: \_\_\_\_\_

Mailing/Billing Address:  Family  Father  Mother

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

Street: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Secondary/Emergency Contact:

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

Telephone: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_

Relationship: \_\_\_\_\_

## Medical Information

Family Doctor:

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

Telephone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

Health Card Number: \_\_\_\_\_

Date of Last Tetanus immunization: \_\_\_\_\_

*Allergy Information:*

Please select any allergies you may have, attaching an extra letter if necessary.

Epi Pen Needed \_\_\_\_\_ Foods \_\_\_\_\_  
 Bee Sting \_\_\_\_\_ Drugs \_\_\_\_\_  
 Insect Bites \_\_\_\_\_ Penicillin \_\_\_\_\_  
 Animals \_\_\_\_\_ Others \_\_\_\_\_

*Do you currently have or experience any of the following?*

Asthma [ ] Fainting spells [ ] Seizures [ ]  
 Ear infections [ ] Hay fever [ ] Stomach aches [ ]  
 Eating disorders [ ] Headaches [ ] Stomach/bowel problems [ ]  
 Diabetes [ ] Heart condition [ ] Sinus trouble [ ]  
 Diet restrictions [ ] Hepatitis [ ] Urinary tract infection [ ]  
 Menstruation [ ] Hernia [ ] Other \_\_\_\_\_

*Dates of Communicable Disease:*

Chicken Pox \_\_\_\_\_ Hepatitis \_\_\_\_\_  
 Measles \_\_\_\_\_ Mumps \_\_\_\_\_  
 Scarlet Fever \_\_\_\_\_ Tuberculosis \_\_\_\_\_  
 Whooping Cough \_\_\_\_\_ Other \_\_\_\_\_

*List any treatments or medications to be given at camp:*

Medication Name	Dosage	Administration Times

All medications must be clearly labeled in their original container with written instructions.

*Special Notes (general requests, dietary restrictions, medical/psychological concerns):*

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## General Information

*Main Camp:*

Check Desired Week(s)	Session	Start	Finish	Location
	Session 1	July 2	July 13	<u>Memorial Park</u>
	Session 2	July 16	July 27	<u>Memorial Park</u>
	Session 3	July 30	August 10	<u>Memorial Park</u>
	Session 4	August 13	August 24	<u>Memorial Park</u>

*Elite Camp:*

Check Desired Week(s)	Session	Start	Finish	Location
	Session 1	July 23	August 3	<u>Sentinel Park</u>
	Session 2	August 6	August 17	<u>Sentinel Park</u>

**Authorization, Release and Acknowledgement Agreement and Form**

**The undersigned:**

**Medical Treatment/Emergency**

- (a) authorize(s) North Toronto Baseball Camp, in the event of an emergency to use its reasonable discretion, on behalf of the undersigned, the undersigned's child(ren) or any associated spectator(s) participating in or attending at one or more of North Toronto Baseball Camp's current or future programs, in rendering first aid treatment and/or arranging for emergency medical care (including hospitalization), at the expense of the undersigned; the undersigned understands that North Toronto Baseball Camp will take every reasonable step to ensure the health and safety of the athletes, and that baseball is a demanding physical sport in which injuries might reasonably occur.
- (b) acknowledge(s) that notification, in writing, of any medical changes for each registered athlete must be received by North Toronto Baseball Camp prior to the start of the athlete's first camp period.

**Release**

- (c) release(s) and indemnifies North Toronto Baseball Camp and its directors, officers, shareholders, partners, staff, employees, consultants and representatives from all claims and liabilities whatsoever arising from participation in or attendance at one or more of North Toronto Baseball Camp's current or future programs by the undersigned, the undersigned's child(ren) or any associated spectator(s); the undersigned acknowledges that participation in the demanding physical sport of North Toronto Baseball Camp's program involves a voluntary assumption of all the risks associated with the game.

**Acknowledgement of North Toronto Baseball Association, The Toronto District School Board, Toronto Parks, Forestry and Recreation, The City of Toronto, and Larry Grossman Forest Hill Memorial Arena**

- (d) understand(s) that North Toronto Baseball Camp is in no way affiliated, associated or in any other way connected or related to the North Toronto Baseball Association, The Toronto District School Board, Toronto Parks, Forestry and Recreation, The City of Toronto, or Larry Grossman Forest Hill Memorial Arena (the "Unaffiliated Parties"); the undersigned therefore releases and indemnifies the Unaffiliated Parties from all claims and liabilities whatsoever arising from participation in or attendance at one or more of North Toronto Baseball Camp's current or future programs by the undersigned, the undersigned's child(ren) or any associated spectator(s).

**Program Cancellation**

- (e) understand(s) that if cancellation is by North Toronto Baseball Camp due to insufficient registration or any other reason, a full refund, without any deduction, will be issued unless another mutually acceptable alternative can be found. North Toronto Baseball Camp reserves the right to terminate the registration of any athlete when it is deemed by them to be in the best interests of the athlete or the camp.
- (f) acknowledge(s) that while North Toronto Baseball Camp tries to balance providing sufficient notice of cancellation and not canceling a program prematurely, North Toronto Baseball Camp reserves the right to cancel such program.

**Publicity**

- (g) consent(s) that any pictures taken by North Toronto Baseball Camp can be used in any promotion or advertisement for the camp.

**Lunch, Snack and Medication**

- (h) understand(s) and agree(s) to provide the athletes with daily lunch, drink, snacks (**that do not contain nuts of any kind**) and all prescription medications (including epi-pens) where necessary, as well as all relevant supplies that pertain to such medications (i.e. carrying pouch, etc.)

The undersigned(s) acknowledges that he/she have read and understood all North Toronto Baseball Camp policies and North Toronto Baseball Camp can rely on all representations, acknowledgements and agreements made and information given. If only one parent/guardian signs this form, he/she acknowledges that he/she is also acting as agent of the other parent/guardian with authority to enroll the athlete at camp and to execute this agreement on his/her behalf and that North Toronto Baseball Camp may fully rely on his/her authority in connection with all such matters.

_____ Name of Parent/Guardian 1	_____ Signature of Parent/Guardian 1	_____ Date of Agreement
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_____ Name of Parent/Guardian 2	_____ Signature of Parent/Guardian 2	_____ Date of Agreement
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