



# CAMP GRIZZLY

*21st Annual Deaf and Hard of Hearing  
Summer Leadership Camp*

**DEADLINE : *Until filled or by June 1, 2022***

## **CIT APPLICATION**

(Teens ages 16-18)

***Date: July 30 - August 6, 2022***

**NorCal Services for Deaf & Hard of Hearing**  
4044 N. Freeway Blvd., Sacramento, CA 95834  
916-993-3048 VP \* 916-349-7500 TTY/Voice 916-349-7578 Fax  
Campgrizzly@norcalcenter.org \* www.campgrizzly.org

# Camp Grizzly 2022

## Application and Tuition Info:

**\*Reduced Camp Tuition Rate - \$550.00**

(or Payments are accepted with \$100 minimum to start)

**NOTE: Please contact NorCal for more information on limited campership tuition assistance for first time low-income Deaf campers.**

(\*Reduced rate made possible thanks to Sponsor)

**HURRY!**

**Space is Limited!!**

**All completed applications with payment are accepted on a first come, first serve basis, until filled or by June 1, 2022.**

**Camp Grizzly dates for CIT is July 30 - August 6, 2022  
(Teens ages 16-18)**

### Refund Policy :

- Refund minus \$100 non-refundable fee by May 1st, 2022.
- No refund after May 1st, 2022. No exceptions.

.....  
To request an application, contact us or check our website:

## Camp Grizzly

NorCal Services for Deaf & Hard of Hearing  
4044 N. Freeway Blvd., Sacramento, CA 95834

VP (916) 993-3048 \* V/TTY (916) 349-7500 \* Fax (916) 349-7578

[www.campgrizzly.org](http://www.campgrizzly.org)

[CampGrizzly@norcalcenter.org](mailto:CampGrizzly@norcalcenter.org)

# Camp Grizzly 2022

## Youth Leadership Camp Program

### Camp Grizzly

Camp Grizzly, sponsored by NorCal Services for Deaf & Hard of Hearing offers a week-long Youth Leadership program dedicated toward enriching the lives of America's Deaf, hard of hearing and Koda youth.

### NorCal Services for Deaf & Hard of Hearing

NorCal Services for Deaf & Hard of Hearing is a non-profit, community based organization founded on the belief that all Deaf and hard of hearing people can be empowered and educated to lead independent, fulfilling and productive lives when given equal access and opportunities.

Headquartered in Sacramento, NorCal has over 40 staff and 4 outreach offices throughout Northeastern California. For more information about NorCal, call (916) 349-7500 Voice or (916) 993-3048 VP or check our website at [www.campgrizzly.org](http://www.campgrizzly.org).

### Diversity Statement

Diversity, equity, and inclusion are part of NorCal Services for Deaf & Hard of Hearing overall mission and is integral to Camp Grizzly's achievement of excellence in the camp experience. Our commitment to diversity, equity and inclusion as demonstrated by our staff, the agency and board of directors align well with the philosophy "of, by, for the Deaf". Camp Grizzly is committed to ensuring every child attending the camp is given opportunities to excel, and their cultural, and religious practices will be respected.

### Camp Location

Camp Grizzly is located at Camp Lodestar an ACA approved camp and retreat facility in Wilseyville, California in Calaveras County, just an hour east of Jackson.



Arts & Crafts



Playground



Campfire



Basketball

### Transportation

Transportation to/from camp is the responsibility of parent/guardian. Camp Grizzly does not provide transportation. Carpooling is suggested. Call for assistance if needed.

### Guest Speakers

Camper/CITs are provided with an opportunity to meet and interact with deaf, hard of hearing and CODA (child of deaf adult) role models.

### Outdoor Education

Camper/CITs acquire invaluable outdoor skills, including learning how to preserve and appreciate nature and wildlife, basic first aid, water safety and recreation/water sports activities.

### Recreation Activities:

Hands-on training and participation of recreational activities including swimming, archery, hiking, basketball, volleyball, kayaking, fishing, Frisbee golf, ropes course, and arts & crafts.

### Camp Olympics:

Camper/CITs and staff compete in the camp Olympics, utilizing their mastery of various skills. ALL campers and staff are recognized for their accomplishments - no matter how great or small. Everyone is a winner at Camp Grizzly!

### Group Sessions:

- Health and Safety
- Sign Language Fun
- Cultural Diversity
- Team Building



### Cultural Pride Meetings:

Camper/CITs participate in small group socials with other campers and adults of similar backgrounds to discuss Deaf heritage, culture and language as it relates to them.

### Team-building Activities:

Scavenger hunts, campfire skits, low and high ropes course and other outdoor team sports/activities.

### Awards Ceremony:

All campers/CIT's are recognized for their accomplishments while at Camp Grizzly!

### Camp Grizzly 2022 THEME is "Pirates o/t Caribbean"!!

Campers/CITs and staff will have an opportunity to make **theme** related crafts during the arts & crafts activity. On Friday night we will be "Movin' & Groovin'" to the beat of Camp Grizzly's AWESOME sound system. Campers cherish this last night of camp!

### Last Day of Camp is the Camper show for Families:

All campers/CIT's will perform skits, signing songs, etc. for families of Camper from 10am-11am on the last day of camp (Saturday, August 6th) after check-out at the outdoor stage area.

### \*Counselor-In-Training (CIT) Program:

Camp youth ages 16 – 18 will be mentored to become future camp counselors through Camp Grizzly's "Counselor-in-Training" program (CIT). CIT's are required to attend the CIT orientation held during the staff orientation on **July 30 - 31, 2022** at no extra cost. **Drop off and Pick up to/from camp is parents responsibility.) Contact us if need help with carpooling.)** CIT Orientation includes information on roles and responsibility, problem solving techniques, safety, 1st Aid, communication and leadership training. During the week, CIT's will work with younger children supervised by Camp Grizzly counselors. CITs will participate in a group outing focused on teamwork building and environmental awareness and participate in all other activities as provided to campers during the week at Camp Grizzly.

## ADMISSION CRITERIA:

To qualify for admission, camper/CIT must:

- Be fluent or familiar with sign language
- Be between 7 and 18 years of age
- Be Deaf, Hard-of-hearing or Hearing with a Deaf sibling or parent. Have the ability/maturity level to function independently and follow instruction in a rustic camp setting with a ratio of two counselors per 8-10 campers

## TO APPLY:

- Complete and sign entire application package
- Include all requested attachments:  
(Medical form signed by doctor can be sent separately and received by our office no later than July 1, 2022)
- Mail or drop off application with full tuition payment or minimum \$100 non-refundable deposit to the NorCal office in Sacramento, CA.

**Tuition: \$550 per Camper/CIT by May 1st, 2022**  
(Payments are accepted with \$100 minimum to start)

## TUITION INCLUDES:

- Three meals and one snack a day
- Lodging
- Camp Grizzly T-shirt
- Group Photo and Certificate
- All Activities



## DEADLINE:

- First Come, first served basis upon acceptance of completed applications, tuition fee and space availability.
- Late applications are accepted only if space is available (please call and check with us).

## TUITION ASSISTANCE PROGRAM (TAP):

Please note tuition is already set at a reduced rate thanks to our generous sponsors/donors. Additional financial assistance may be available depending on funding availability and family income verification. Contact our office directly for an application.

## MONTHLY PAYMENT PLAN:

### TO PARTICIPATE:

- Camp Tuition is **\*\$550 by May 1st, 2022**
- To start monthly payment please pay \$100 non-refundable deposit with application and any payment amount w/final balance due no later than July 1<sup>st</sup>.

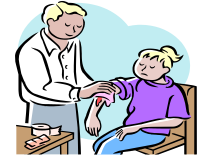
### REFUND POLICY:

- Refund is given except \$100.00 processing fee until May 1st, 2022
- No refunds after May 1st, 2022, No exceptions.

## MEDICAL SERVICES:

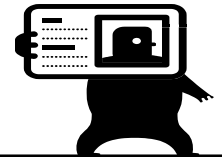
First aid and minor medical care are provided by Camp RN and/or First Aid & CPR certified staff.

ALL emergency medical attention will be routed to a nearby medical center or hospital. (Parent/Guardian will be notified.)



### \*\*\*\*PLEASE NOTE\*\*\*\*.

- Camper/CITs medications must be kept and dispensed by the camp healthcare supervisor. NO medication is to be kept by individual campers (unless approved for specific health conditions).
- Prescription and OTC drugs MUST be in the original container with dosage instructions and the physician's name intact.
- Basic non-prescription, over-the-counter medications are available at camp.
- Copy of current health insurance is required. A photocopy of the front and back sides of Child's health insurance ID card.
- Copy of current immunization record (including Covid-19 Vaccination if taken).
- Covid-19 Vaccination is encouraged, but not required. Please take precaution for exposure and take daily temperature 7 days prior to camp.
- Proof of negative rapid Covid test within 24 hours of camp arrival/check-in day.
- **DO NOT BRING SICK CHILDREN TO CAMP:**  
Campers/CITs will be screened for any contagious illness (ie: cold/flu like symptoms, abnormal temperature, ringworm, lice etc.). Your child will not be admitted to camp with these conditions per Camp Health Policy and Healthcare Regulations and no refund will be given.



**For more information, please contact:**

**Camp Grizzly**  
**4044 N. Freeway Blvd.**  
**Sacramento, CA 95834**  
**(916) 993-3048 VP \* (916) 349-7500 TTY/V**  
**(916) 349-7578 FAX**  
**CampGrizzly@NorCalCenter.org**  
**www.campgrizzly.org**

**2022 CIT APPLICATION**  
**Deadline: First come first served!**

**Application Checklist:**

- CIT Application
- Physical Examination/History form completed by physician (must be received no later than July 1, 2022).
- Liability Release Agreement Form
- Parent/Guardian & Camper Agreement Form
- Medical Release Form
- Copy of both sides of current Health Insurance Card
- Immunization Record/card including Covid-19 Vaccination.
- Proof of Negative Covid Test within 24 hours of Camper Check-in day.
- If applicable, written instructions regarding Legal custody or foster care arrangements, i.e., visitation restrictions, authorization, pick-up/drop-off, etc.
- Camp Tuition Fee or minimum non-refundable deposit \$100.00
- Current **COLOR** Photograph (2.5 x 3 inches minimum) of camper. (Required)

**Important Note: Application package will not be accepted if incomplete, missing attachments, and no tuition/deposit paid.**

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**REFUND POLICY:**

- By May 1st, 2022, refund except \$100 processing fee
- No Refund after May 1st, 2022, no exceptions.



**TUITION: \*\$550 by May 1, 2022**  
**(Payments are accepted with \$100 minimum to start)**

**PAYMENT OPTIONS:**

- Payment plan (email reminders will be sent)
- Check or Money Order payable to: **NorCal Services for Deaf and Hard of Hearing**
- Credit Card (MasterCard or Visa only)
- PayPal at **www.campgrizzly.org**

MC [ ] or VISA [ ] # \_\_\_\_\_ CVV \_\_\_\_\_

Charge how much?: \$ \_\_\_\_\_ Expiration Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

# 2022 CIT Application (ages 16-18)

CIT Full Name: \_\_\_\_\_  
CIT Email \_\_\_\_\_ CIT Cell/text: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City \_\_\_\_\_ County: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone: \_\_\_\_\_ VP/Voice Parent CELL: \_\_\_\_\_ Text/Voice  
Parent/Guardian Name: \_\_\_\_\_  
Parent Email: \_\_\_\_\_  
CITs Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ (at time of camp)  
Gender: [ ] Male [ ] Female

**COLOR**  
Picture  
Required  
2.5 x 3 inches  
minimum

## INFORMATION ABOUT YOUR TEEN:

Prior camp experience? [ ] YES or [ ] NO WHERE?: \_\_\_\_\_

Prior Overnight experience? [ ] YES or [ ] NO Good: \_\_\_\_\_ Bad: \_\_\_\_\_

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Hobbies, interests, sports and talents: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Benefits that you seek from this camp? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any other pertinent information about your Teen? \_\_\_\_\_  
\_\_\_\_\_

Are there any cultural or religious practice your Teen to be honored or maintained at camp? If yes,  
Please state what they are here: \_\_\_\_\_  
\_\_\_\_\_

**Swimming ability:** (circle one)

Non-swimmer Poor Average Excellent

**Sleeping habits?** (circle one)

light sleeper heavy sleeper sleepwalks bed wetter

**Is your Teen able to follow directions and be safe?**

\_\_\_\_\_ Yes \_\_\_\_\_ No

**Assistance needed to perform regular daily activities  
(i.e., bathing, feeding, dressing, toiletries, etc)?**

\_\_\_\_\_ Yes \_\_\_\_\_ No

**Ability to participate independently in all camp  
activities (i.e., swimming, archery, campfire, etc)?**

\_\_\_\_\_ Yes \_\_\_\_\_ No

**Type of reinforcement that works best ?**

Praise Recognition Reward Special Privileges  
Other \_\_\_\_\_

**\*\* If Teen needs specific accommodations,  
please email us at**

**campgrizzly@norcalcenter.org**

**Primary Communication Mode:** (circle all that apply)

ASL PSE SEE CUED ORAL

OTHER: \_\_\_\_\_

(CIT will be taught and encouraged to use ASL)

**Is your Teen:** (circle one)

DEAF

HOH (Hard of hearing)

KODA (child with Deaf/hard of hearing parents)

SODA (sibling of Deaf/hard of hearing family member)

**Child's T-shirt size:** (circle one below)

**Youth:** Small Medium Large  
(6 - 8) (8 -10) (10 -12)

**Adult:** Small Medium Large

**Adult:** X-Large 2X-Large 3X-Large

# 2022 LIABILITY RELEASE FORM AND PARENT/GUARDIAN & CIT AGREEMENT FORM

## Permission to Participate

I understand and certify that my child's participation in the Camp Grizzly program is completely voluntary and I have familiarized myself with the camp's program including all activities in which my child will be participating.

I recognize that certain hazards and dangers are inherent in the Camp Grizzly program, particularly, but not limited to, the activities of swimming, kayaking, ropes course, archery and other outdoor activities.

I acknowledge that although NorCal Services for Deaf & Hard of Hearing has taken safety measures to minimize the risk of injury to camp participants, NorCal cannot insure or guarantee that the participants, equipment, premises and/or activities will be free of hazards, accidents and/or injuries.

I further recognize and have instructed my child in the importance of knowing and abiding by the camp's rules, regulations and procedures for his/her own safety and the safety of other camp participants.

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Date



## Release of Claims

I understand that my child's participation in Camp Grizzly Program can expose my child to dangers, both from known and unanticipated risks.

Acknowledging that such risks exist, I hereby release and discharge NorCal Services for Deaf & Hard of Hearing its officers, agents, employees and volunteers from any and all claims or liability for personal injury or property damage that my child may suffer while participating in the Camp Grizzly program, including but not limited to, any claims arising out of any condition of the premises at which the program is held or the conduct of any person in connection with the preparation, supervision or conduct of any Camp Grizzly activity, whether planned or unplanned. I specifically agree to release and hereby release NorCal Services for Deaf & Hard of Hearing and the officers, agents, employees and volunteers for any negligence of the camp, or officers, agents, employees and volunteers.

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Date

## Parent/Guardian & CIT Agreement

Camp can be exciting and adventurous. It can also be stressful, living with 8 - 10 people and being away from home. Camp Grizzly is concerned that care and attention is given to ALL campers and CITs as equally as possible. Staff will work to minimize discipline problems and handle them individually. Your support of our policies will promote camp safety and camp fun!

### The CIT has read and agreed to abide the following camp policies:

- Be considerate and respect the safety and feelings of others.
- Use sign language at all times.
- Obey camp rules including prohibition of the possession of any illegal substance (drugs/alcohol), weapons, or other items deemed inappropriate by the Camp Manager. Willful and/or repeated disregard for camp rules, or possession of illegal substance, weapons or other inappropriate items and inappropriate behavior such as harassment, bullying, profanity, no touching of person and property will be grounds for possible immediate dismissal.
- Respect and care for campgrounds and property. In the event that camp property, or the property of others is damaged as a direct result of camper's' behavior, the parent/guardian will pay for damages. Payment is due at the time that the camper is picked up.

\_\_\_\_\_  
CIT Signature

\_\_\_\_\_  
Date

### The Parent/Guardian Agrees to the following:

I hereby certify that the application is true and correct to the best of my knowledge.

I hereby consent to this release of any photographs and videotapes taken of my child for use by NorCal Services for Deaf & Hard of Hearing/Camp Grizzly for publicity and fundraising purposes.

I agree to immediately pick up or arrange for pick up of my child upon notification of early dismissal. I understand there will be no refund.

I agree to pay for any property damage sustained to the camp or another camper/staff caused by my child's behavior.

I agree to pay for any cost incurred for late pick-up on the last day of camp.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**2022 Camp Grizzly Youth Leadership Camp  
MEDICAL RELEASE FORM  
(To be completed by child's parent/guardian)**

Camp Grizzly personnel will make every effort to reach parents/guardians in the event of an emergency or need for outside professional medical care.

As necessary for my child (print full name) \_\_\_\_\_, I authorize Camp Grizzly personnel to:

- provide routine health care;
- administer medication including over the counter medication as necessary,
- order X-rays, routine tests, treatment,
- release any records necessary for insurance purposes;
- provide or arrange necessary related transportation for my child (at my expense).

If I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp manager to:

- secure and administer proper treatment including hospitalization and/or
- order xrays, routine tests, injection, anesthesia and/or surgery for my child as named above.

I understand that any medical expenses will be billed directly to my insurance carrier or me. I hereby release the Camp Grizzly/NorCal Services for Deaf & Hard of Hearing and its officers, directors, employees, agents, and subcontractors, from any and all liability for bodily injury, cost of medical treatment, or any other injury incurred as a result of the administration of emergency treatment. This form may be photocopied for use outside of the camp, for the purposes describe herein.

List Allergies/Special Instructions: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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

**\*\* ALL address, phone number and insurance info must be filled out COMPLETELY \*\***

Child's Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: [ ] Female [ ] Male

**EMERGENCY CONTACT INFORMATION:**

Parent/Guardian: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Cell or Text Phone: \_\_\_\_\_

FAX Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**ALTERNATE EMERGENCY NOTIFICATION:**

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**INSURANCE INFORMATION:**

Primary Insurance \_\_\_\_\_ MR#: \_\_\_\_\_ Policy#: \_\_\_\_\_

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

Name of Insured \_\_\_\_\_ Child's Relationship to Insured: \_\_\_\_\_

Other Insurance \_\_\_\_\_ MR#: \_\_\_\_\_ Policy#: \_\_\_\_\_

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

Name of Insured \_\_\_\_\_ Child's Relationship to Insured: \_\_\_\_\_

Name of Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**\*\*\* REMINDER: Provide copies of both sides of current Health Insurance Card. \*\*\***



**2022 Camp Grizzly Youth Leadership Camp  
PHYSICAL EXAMINATION & HISTORY FORM**

**(Please Print):**

Full Name of Child : \_\_\_\_\_ Date of Exam: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Gender: M [ ] F [ ] Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ Temperature: \_\_\_\_\_

**GENERAL QUESTIONS ON HEALTH HISTORY:**

Frequent Ear Infection	___ Yes	___ No	Asthma	___ Yes	___ No
Cardiovascular Disorders	___ Yes	___ No	Chicken Pox	___ Yes	___ No
Epilepsy/Seizures	___ Yes	___ No	Measles	___ Yes	___ No
Diabetes	___ Yes	___ No	Meningitis	___ Yes	___ No
Bleeding Disorders	___ Yes	___ No	Autism/Asperger	___ Yes	___ No
ADD/ADHD	___ Yes	___ No	Hepatitis (A,B,C)	___ Yes	___ No
Have a history of bed-wetting?	___ Yes	___ No	Skin (Rash, etc.)	___ Yes	___ No
Ever had an eating disorder?	___ Yes	___ No	Other: _____		
Have seen a mental health professional?	___ Yes	___ No			

Please explain any "yes" answers above: \_\_\_\_\_

Ever had surgery ? If yes, provide dates: \_\_\_\_\_

Ever been hospitalized? Provide dates: \_\_\_\_\_

Loss of consciousness, convulsions or concussion? \_\_\_\_\_

Any recent injury, illness, or infectious diseases? \_\_\_\_\_

Please provide information about the child's behavior and physical/emotional well-being that would assist the camp: \_\_\_\_\_

**Does your Teen require a special diet?:** [ ] Vegetarian [ ] Vegan [ ] Religious/Cultural [ ] Diabetic [ ] Gluten Free: \_\_\_\_\_

**Other** [ ] Please describe: \_\_\_\_\_

**ALLERGIES:** [ ] Food: \_\_\_\_\_ [ ] Drug: \_\_\_\_\_

Please describe the allergy reaction and management: \_\_\_\_\_

**MEDICATIONS:** Please list all medications to be continued while at camp. All medications are secured by and administered by the Camp Nurse only.

Prescription:	Dosage:	Specific times taken:	Reason:

[ ] My Teen does not take regular medication

**IMMUNIZATION REPORT:** (Please record the specific date (month/year) of the most recent booster doses for Tetanus and Covid-19.)

Vaccine: Tetanus (DPT /TD/ T)	Date of last Tetanus booster (Month/Year):	Covid-19 Vaccine Dates: Month/Year 1 <sup>st</sup> Dose:                      2 <sup>nd</sup> Dose:	Date of last Covid booster Month/Year:

**ARE ALL OTHER IMMUNIZATIONS CURRENT? \_\_\_ YES \_\_\_ NO \*\*\*\*YOU MUST ATTACH A COPY OF UPDATED IMMUNIZATION RECORD\*\*\*\***

**\*\*\*NOTE:** Upon camp arrival, your child will be screened for any contagious illness (ie: ringworm, lice etc.) and abnormal temperature. A negative Covid test must be brought within 24 hours of camp arrival/check-in day. Your child will not be admitted with any illness as per Camp Health Policy and Health Code Regulations and no refund will be given.

**To be completed by child's physician:**

I have examined the camp applicant named above. In my opinion, the applicant's current health condition \_\_\_does \_\_\_does not preclude his/her participation in an active camp program. The applicant is under my care for the following condition and/or treatment:

Signature of Licensed Medical Personnel: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Fax number: \_\_\_\_\_



# Camp Grizzly 2022



## CIT (Counselor-in-training) Application Supplement Form

Please answer the following questions below. Please attach additional paper if needed.

**1. Please tell us about yourself (ie: your strengths and weaknesses)?**

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**2. Please tell us what work or volunteer experiences you have had:**

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**3. What are your future goals after High School?**

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**4. What are your expectations from the CIT Program in how it will help you become a leader?**

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**5. How do you feel your participation in the CIT Program will benefit Camp Grizzly?**

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**CIT's are required to attend the orientation training on July 30 -31, 2022 at no extra cost.**

The above information I have given is true and correct to the best of my knowledge.

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

# 2022 Camp Grizzly

## Authorization To Drop off/Pick up child at Camp

Print Name of Child(ren): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby give the following person(s) my permission to drop off or pick up my child from Camp Grizzly:

Name(s):	Relationship:	Cell/Text Contact Info:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Your child will not be released to anyone other than to the authorized persons named above.

Parent/Guardian Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date signed: \_\_\_\_\_

Text/Cell #: \_\_\_\_\_

## **Camp Grizzly Counselor-in-Training (CIT)**

### Description of CIT Roles and Responsibilities:

#### **Qualifications**

Demonstrates the ability to practice safety and respect to others and campground  
Demonstrates motivation and ability to work with children outdoors  
Demonstrates the ability to relate to one's peer group  
Demonstrates the ability to accept guidance and supervision  
Demonstrates the ability to assist in teaching an activity  
Demonstrates the ability to maintain the confidentiality of all campers/staff  
Demonstrates good character, integrity, and adaptability  
Demonstrates enthusiasm, sense of humor, patience, and self-control  
Must be between 16-18 years of age

#### **Report to**

CIT Counselor

#### **Camp Goals**

*Camp Grizzly* goals are to promote peer and social interaction in a fun and safe environment, and to gain confidence and wisdom from their older peers to help them understand their unique cultural identity, develop friendships, leadership skills and increased self-esteem.

#### **General Responsibilities**

To identify and meet camper needs and the camp program as a whole.

#### **Specific Responsibilities**

1. Learn the likes/dislikes of each camper in your group.
2. Recognize and respond to opportunities for problem solving in the group.
3. Develop opportunities for interaction among campers and staff.
4. Provide opportunities for the group so that each camper experiences success during camp.
5. Help each camper have a fun experience while at camp.
6. Assist assigned Counselors with their campers as needed during camp program activities.
7. Assist in teaching or leading an activity as assigned.
8. Adhere and uphold the Camp Grizzly CIT agreement, Code of Conduct, Behavior Management policy and respect the policies of Camp Lodestar.
9. Make suggestions for the following season.
10. Perform other duties as assigned.
11. Complete a camp survey, CIT evaluation with CIT Counselor/Camp Director.