



## 2017 CLS Youth Summer Camp Counselor Application

Thank you for your interest in being a camp counselor for the 2017 CLS Youth Summer Camp! Summer Camp is a structured, fun filled 5-day program where students learn about Chinese cultural activities, including Chinese folk dance, folk games, arts & crafts, calligraphy, music and cooking. Counselors assist in the facilitation of activities and work closely with a small group of campers! This year, camp will run from Monday, August 7, 2017 to Friday, August 11, 2017. In order to be eligible to be a counselor, you **must be 15 by December 31, 2017**. In addition to the 5 days of camp, a mandatory counselor training will occur during the summer, prior to the start of camp. **The deadline to apply is May 6, 2017**. Acceptance notices will be sent via email by May 21, 2017.

Applicants will be contacted via email for a phone interview. Please print your email and phone number clearly.

Please mail the completed application form to:

Chinese Language School of Greater Hartford  
123 Apple Hill  
Newington, CT 06111

Or email the completed application form to: [cls.summercamp@gmail.com](mailto:cls.summercamp@gmail.com)

### Counselor Information:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

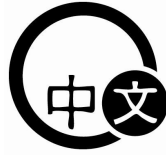
Chinese Name \_\_\_\_\_ Birth Date \_\_/\_\_/\_\_\_\_ Gender \_\_\_\_\_

Email Address \_\_\_\_\_ Phone \_\_\_\_\_

Did you attend the Chinese Language School of Greater Hartford?  yes  no

If yes, which grades did you complete? \_\_\_\_\_

Please list any activities you have participated in where you have worked with children:



哈特福中文學校  
Chinese Language School  
Of Greater Hartford

**Parent/Guardian Information:**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

**Emergency Contact Information:**

*Emergency Contact #1*

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Relation to Counselor \_\_\_\_\_

*Emergency Contact #2*

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Relation to Counselor \_\_\_\_\_

**Health Form and Waiver:**

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name of Health Insurance Provider \_\_\_\_\_

Policy No. \_\_\_\_\_

Medication \_\_\_\_\_

**\*Please include a physician's note if medication is necessary during camp**

Allergies \_\_\_\_\_

In case of serious accident or illness and in case I cannot be reached, I authorize the camp coordinator or his/her designee to provide appropriate emergency care. I hereby waive and release the directors, workers and teachers of the Chinese Language School of Greater Hartford Youth Summer Camp from any and all claims, damages, costs, actions and causes of action as the result of personal injuries sustained by my child as the result of his/her participation in any and all activities in the Chinese Language School of Greater Hartford Youth Summer Camp for the year 2017. In addition I certify that my child is covered by a health insurance plan.

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