



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

2018 CLS Youth Summer Camp Counselor Application

Thank you for your interest in being a camp counselor for the 2018 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, July 30, 2018 to Friday, August 3, 2018. In order to be eligible to be a counselor, you **must be 15 by December 31, 2018**. 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 April 29, 2018**. Acceptance notices will be sent via email by May 14, 2018.

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

Counselor Information:

First Name _____ Last Name _____

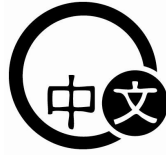
Chinese Name _____ Birth Date __/__/____ Gender _____

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:



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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 2018. In addition I certify that my child is covered by a health insurance plan.

Signature of Parent/Guardian _____ Date _____