

# C.I.T. APPLICATION 2016

PLEASE USE A SEPARATE FORM FOR EACH C.I.T.

## C.I.T. INFORMATION

Name \_\_\_\_\_ Gender \_\_\_\_\_ DOB \_\_\_\_\_ Gr. (Fall '16) \_\_\_\_\_

Street \_\_\_\_\_ Town/Zip \_\_\_\_\_ Day Phone \_\_\_\_\_

Parent \_\_\_\_\_ Address \_\_\_\_\_

Cell \_\_\_\_\_ Email \_\_\_\_\_

## ATTENDANCE & FEE INFORMATION

C.I.T. Year 1 - \$200/session - C.I.T. Year 2 - \$200/session - C.I.T. Year 3 - No fee

_____	Session 1	June 27 - July 8
_____	Session 2	July 11 - July 22
_____	Session 3	July 25 - August 5

**Application  
deadline is  
May 1, 2016!**

## WRITTEN ESSAY

Please complete this application and return it to the Parks & Recreation Department along with an essay (250 words or less) on why you want to be a C.I.T. If you register online, please submit an essay to [smulroy@lincnet.org](mailto:smulroy@lincnet.org). Applications will be reviewed and you will be contacted for an interview.

## WAIVER

*I, the undersigned, as a legal adult or parent/legal guardian of a minor, do hereby consent to my/my child's participation in voluntary athletic or recreation programs of the Town of Lincoln. I also agree to forever release the Town of Lincoln, the Lincoln Parks & Recreation Committee, and all their employees, agents, board members, volunteers and any and all individuals and organizations assisting or participating in voluntary athletic or recreation programs of the Town of Lincoln from any and all claims, rights of action and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to myself/my child or property damage resulting from my/my child's participation in the Town of Lincoln's voluntary athletic or recreation programs. I also promise, to indemnify, defend, and hold harmless the Releasees against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, arising from personal injuries to myself/my child or property damage resulting from my/my child's participation in the Town of Lincoln's voluntary athletic or recreation programs. I further affirm that I have read this Consent and Release Form and that I understand the contents of this Form. I understand that my/my child's participation in these programs is voluntary and that I/my child are free to choose not to participate in said programs. By signing this Form, I affirm that I have decided to allow myself/my child to participate in the Town of Lincoln's athletic or recreation programs with full knowledge that the Releasees will not be liable to anyone for personal injuries and property damage I/my child may suffer in voluntary Town of Lincoln athletic or recreation programs.*

Please check this box if you DO NOT want your child's picture used in our marketing materials, website, social media sites and local newspapers.

X \_\_\_\_\_ X \_\_\_\_\_ X \_\_\_\_\_  
Parent/Guardian Signature Print Name Date

Mail forms and payment (payable to Town of Lincoln) to: *Lincoln Parks & Recreation Dept, 16 Lincoln Road, Lincoln, MA 01773 or deliver to the Parks & Recreation Office, Hartwell A Pod, Ballfield Road.*

## CANCELLATION INFORMATION

- Cancellations must be received in writing at least 10 calendar days before the first day of a camp session.
- A \$50/session non-refundable deposit will be retained per person for all withdrawals.
- No refunds will be given within the 10 calendar days of the first day of a camp week.
- We do not issue credit card refunds; we issue check refunds only.