

# Kenilworth Park District

419 Richmond Road  
Kenilworth, IL 60043  
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Phone: 847-251-1666  
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## 2012 Counselor-in-Training

## 13 years olds-Unpaid Position

Camp Dates: June 18 – July 27 (No Camp July 4).  
Place: Joseph Sears School, 542 Abbotsford Rd.  
**6 WEEK ATTENDANCE IS MANDATORY**

### Applicant Information

Legal Given Name (Last, First, MI) \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Social Security Number \_\_\_\_\_ Date of Birth\* \_\_\_\_\_ Referred by: \_\_\_\_\_

Grade as of Sept. '12 \_\_\_\_\_ School \_\_\_\_\_ T-Shirt Size **S M L XL XXL** (all sizes are Adult)

Did you attend Kenilworth Park District Camp? \_\_\_\_\_ If yes, how many years? \_\_\_\_\_

\*Legally you are only required to give your date of birth if you are under 18 years of age. If you are hired by the Kenilworth Park District, State law requires a mandatory background check which will require your date of birth.

### Education (please include name of institution, city, and state)

Elementary School \_\_\_\_\_

### References (do not include relatives)

1. Name \_\_\_\_\_ Occupation \_\_\_\_\_

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

2. Name \_\_\_\_\_ Occupation \_\_\_\_\_

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

### Office Use Only

Date Application Received \_\_\_\_\_ Staff Initials \_\_\_\_\_

**Why do you want to participate as a Counselor-in-Training?**

Tell us why you are interested in a Camp Counselor Position:

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Please Explain your history (if any) of working with children:

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Please identify skills, abilities, sports or hobbies which would make you a good camp counselor:

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Attach addition sheets if needed for your responses.

**WAIVER AND RELEASE OF ALL CLAIMS  
FOR PARK AND RECREATION PROGRAMS**

I have read this form carefully, and am aware that by signing this form and registering and participating in, or registering my minor child/ward for and allowing his or her participation in, the Program or Programs listed below:

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(hereinafter referred to as the "Program"), I am WAIVING and RELEASING all claims for myself and my minor child/ward arising out of such registration and participation. In consideration of the Kenilworth Park District (the "Park District") accepting me and/or my minor child/ward as a participant in the Program. I hereby agree as follows:

Acknowledgement and Assumption of Risk of Injury and Loss: I have fully informed myself of all of the details of the Program and have received satisfactory answers to all questions I have concerning the Program and the risks inherent in the Program and believe and represent that I and/or my minor child/ward have the necessary abilities, skills and knowledge to participate in the Program. I recognize and acknowledge that the Program involves risks of bodily injury, death, and property loss. I hereby agree to, and do, assume the full risk of any injuries, including death, and of any property loss, and of all expenses, costs, damages and losses that I, or my minor child/ward on whose behalf I am signing, may sustain as a result of participating in any and all activities connected with or associated with the Program.

Waiver of and Release of Claims: I hereby agree to, and do, waive, release and relinquish all claims, demands, rights of action, damages, liabilities and controversies of every kind, known and unknown, present and future, that I, or my minor child/ward on whose behalf I am signing, may have against the Park District and its officers, agents, servants, employees, insurers, related or affiliated individuals or entities, successors and assigns arising out of, connected with, or in any way related to the Program or my minor child/ward's participation therein.

Indemnity and Defense: I hereby further agree to indemnify and hold harmless and defend the Park District and its officers, agents, servants, employees, insurers, related or affiliated individuals or entities, successors and assigns from any and all claims, lawsuits, demands, damages, liabilities, losses and expenses, including attorneys' fees and administrative expenses, of every kind, known and unknown, present and future, arising out of, connected with, or in any way related to my or my minor child/ward's participation in the Program.

Emergency Care: In the event of an emergency, I authorize the Park District to secure, from any licensed hospital, physician and or other medical personnel, any treatment deemed reasonable and necessary for myself and/or my minor child/ward's immediate care and agree that I will be responsible for payment for any and all such treatment rendered.

I have read and fully understand the above WAIVER AND RELEASE OF ALL CLAIMS and execute it of my own free will and without any reservation whatsoever.

Print Name of Participant:

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Signature of Participant or Guardian:

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Print Name of Person Signing:

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If Guardian State Relationship to Participant:

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Date: \_\_\_\_\_