

Town of Chester
203 Middlesex Avenue
Chester Connecticut 06412-1200



telephone: 860-526-0013
facsimile: 860-526-0028
web page: chesterct.org

2018 Counselor in Training Program
at the Chester Town Hall

**Mail this completed form with payment payable to "Chester Parks and Recreation" to:
Chester Parks and Recreation, 203 Middlesex Avenue, Chester, CT 06412**

**Wednesdays and Fridays, 2:45-5:00pm on May 4, 9, 11
and 5:30-8:00pm on May 16 & 18**

**Open to former Chester Parks and Recreation Campers in Grades 7 or 8
and**

**Open to 2017 Chester Parks and Recreation CITs in Grades 8 or 9
on May 4 and a choice of May 9 &/or 11**

**The \$95 (\$25 for 2017 returning CITs) fee includes
2 weeks during the summer camp program, Monday through Thursday.**

**There is an additional \$25 charge for each
Friday field trip the student wishes to participate in, payable the week of the field trip.
*Field Trip availability may be limited.***

**This program DOES NOT certify the student as a Lifeguard, but does include
First Aid/CPR/AED certification for new candidates.
*This program does not imply future employment.***

May 4: Leadership, May 9: The Job of a Camp Counselor, May 11: The Job of a Lifeguard
May 16: First Aid Training, May 18: CPR/AED Training

***ACCORDING TO CONNECTICUT GENERAL STATUTE 19a-77 WE ARE REQUIRED TO
DISCLOSE THAT TOWN OF CHESTER PROGRAMS ARE NOT LICENSED BY THE
STATE OFFICE OF EARLY CHILDHOOD.***

The undersigned does release, acquit, discharge, and hold harmless the Town of Chester, the Chester Parks and Recreation Department, and any of its officers and employees from any actions, claims, damages, costs or expenses growing out of my participation in the said activity, due to the negligence of the Town of Chester, the Chester Parks and Recreation Department or its officers or employees. This release and agreement is binding upon myself, my heirs, executors, administrators or assigns. I agree to adhere to the program policies of the Chester Park and Recreation Commission.

Signed this _____ day of _____, 2018

Printed Name of Participant

Signature of Parent or Guardian

Street Address

Town

Phone Number

e-mail Address