

SUMMER 2022 JUNIOR COUNSELOR APPLICATION

Name _____ Age _____

Current Grade _____ Parent/Guardian Name(s) _____

To be eligible for the Junior Counselor program, you must have completed your freshman year of high school.

Email Address: _____

Phone: _____ (is this your cell phone?) _____ yes _____ no

Please mark the week(s) you are interested in working as a Junior Counselor.	
<input type="checkbox"/>	Session #1. Heart of the Woods (June 6 – June 10)
<input type="checkbox"/>	Session #1. Heart of the Woods (June 13 – June 17)
<input type="checkbox"/>	Session #2. Norte Del Río (June 20 – June 24)
<input type="checkbox"/>	Session #2. Norte Del Río (June 27 – July 1)
<input type="checkbox"/>	Session #3. Boarwald Academy (July 11 – July 15)
<input type="checkbox"/>	Session #3. Boarwald Academy (July 18 – July 22)
<input type="checkbox"/>	Session #4. Fangdor's Keep (July 25 – July 29)
<input type="checkbox"/>	Session #4. Fangdor's Keep (August 1 – August 5)
<input type="checkbox"/>	Session #5. Alleys of Morrow (August 8 – August 12)
<input type="checkbox"/>	Session #5. Alleys of Morrow (August 15 – August 19)
<input type="checkbox"/>	ALL SUMMER (June 6 – August 19)

You will need to bring a lunch and a separate snack each day. Please note that we are not a nut-free camp.

Why are you interested in being a Junior Counselor at Country Camp?

Why do you think that you would be a good Junior Counselor? What ideas or skills do you have that would make you a good candidate?

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What experience (work or other) do you have that you feel prepares you to be a Junior Counselor?

Emergency Contact Name and Phone Number:

Please return this application form and one letter of recommendation (written by someone other than a relative) by April 1, 2022.

**Country Camp, LLC
3418 Osage Street SW
Iowa City, IA 52240**

Please have your parent/guardian read and sign.

Fees for the program are \$150/week. Payments can be made via check, cash, or Venmo.

I understand that Country Camp, LLC assumes no responsibility or liability for injuries/illnesses of my child. I further understand that I hold Country Camp, LLC, its officers, agents, employees, and volunteers harmless from any and all liability or claims which may arise out of my child's participation in Country Camp, LLC programs. I grant permission to Country Camp, LLC to provide care for my child. I grant permission for my child to use all of the play equipment and participate in all of the activities of Country Camp, LLC. This contract is effective for the duration of my child's enrollment in Country Camp, LLC.

As the parent or legal guardian, I hereby give consent to Country Camp, LLC that my child may be given emergency treatment to include 1st Aid/CPR by a qualified staff member of Country Camp, LLC. I also give permission for my child to be transported by an aid car, ambulance, or staff car to the nearest medical treatment center or hospital if necessary. I understand that every effort will be made to contact parents or guardians to explain the nature of the problem prior to any involved treatment. It is understood that a conscientious effort will be made to notify me or other persons listed on this form before such action is taken. In the event that it becomes necessary for Country Camp, LLC staff to obtain emergency care for my child, neither the staff nor Country Camp, LLC assumes financial liability for expenses incurred because of accident, injury, illness, and/or unforeseen circumstances.

Parent/Guardian Signature _____ Date _____

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Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing.

Country Camp, LLC has put in place preventative measures to reduce the spread of COVID-19; however, we cannot guarantee that you or your child(ren) will not become infected with COVID-19. Country Camp, LLC has made an informed decision about preventative measures from such bodies as the CDC, State, and local government. Our preventative measures include, but are not limited to, vaccination of all staff, hand washing requirements, sanitation requirements, mask wearing in certain circumstances, and other such measures that cannot be exhaustively listed in this document. Country Camp, LLC is making its best effort to protect all individuals involved from risk of contracting COVID-19. Should you have further questions about specific measures that Country Camp, LLC has put in place, please contact us.

Attending Country Camp, LLC could increase your risk and your child(ren)'s risk of contracting COVID-19. By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending Country Camp, LLC and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at Country Camp, LLC may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Country Camp, LLC employees, volunteers, and program participants and their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at Country Camp, LLC or participation in Country Camp, LLC programming ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless Country Camp, LLC, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of Country Camp, LLC, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Country Camp, LLC program.

Child's Name _____

Parent/Guardian Signature _____

Date _____