

**DAKOTAS CONFERENCE CAMPING PROGRAM  
C.I.T. JOB DESCRIPTION**

**A. Before Camp Begins:**

1. Joyfully accept the challenge and pray regularly for the camp.
2. Communicate with the camp dean.
3. Stay in touch with the camp dean. Study and prepare the material assigned to you.
4. Attend meetings and/or pre-camp training event as planned by the dean.
5. Become acquainted with the campsite.

**B. Camp Registration:**

1. Warmly greet the campers and help them with registration.
2. Help campers find their cabins and bunks, and help them become acquainted with the campsite and other campers.

**C. During the Camp Experience:**

1. Uphold and help interpret the rules and procedures for the camp.
2. Get acquainted with your campers, paying particular attention to any special needs or problems.
3. Be an active participant in all camp activities, assisting the dean and counselors and encouraging campers to participate in all camp activities.
4. Provide leadership to the campers and lead them in games and camp activities as suggested by the camp dean.
5. Clean all areas you use. Convey an attitude of respect for camp property, staff, food and camp neighbors. Tell site staff immediately about any facility problems.
6. Share any discipline problems with a counselor or the dean. C.I.T.s will always maintain proper contact with campers.
7. Help campers prepare to return home. Do not make promises to write campers if you cannot keep that promise.
8. Help campers complete their camp evaluation sheets and hand them to the dean.
9. Complete the counselor evaluation and hand it to the camp dean or send it to the camp office immediately after camp.

**D. Following Camp:**

1. Take time to share insights, joys, and struggles with the staff.
2. Let the Director of Camping know of any problems, concerns, and/or suggestions.  
Send these to:

Becky Holten, Executive Director  
P.O. Box 460  
Mitchell, SD 57301-0460  
(605) 996-6552

## Common Questions about the Counselors-In-Training (C.I.T.) Program

Glad you are interested in the C.I.T. program. The following questions and answers will give you a better understanding of what it means to serve as a C.I.T.

***Question: How old do I have to be to work as a C.I.T.?***

Answer: You must be at least 16 years old and have completed the 9<sup>th</sup> grade to work as a C.I.T. In addition, you must be at least three years older than the campers.

***Question: How many people can be a C.I.T. at a specific camp?***

Answer: Our policy is to have up to one C.I.T. per twenty campers or two per cabin (one male & one female).

***Question: Is there any training for the C.I.T.s?***

Answer: Yes. There will be a new “on-line” training this year. It is “[ExpertOnlineTraining.com](http://ExpertOnlineTraining.com)”. There is no charge.

***Question: What does a C.I.T. do?***

Answer: A C.I.T. is a person who believes they are called by God to share their faith, abilities, and love with other people. You are probably saying to yourself: "I just wanted to have fun and spend time at camp!" Well, that's true, but there's a lot more involved. We are looking for people who will have fun, add excitement, and take their responsibility seriously. A good C.I.T. understands the camp experience is about helping campers grow in their faith. It's not about drawing attention to you.

***Question: What are my responsibilities as a C.I.T.?***

Answer: To be a positive role model for the campers. Encourage the campers to be on time, participate in events and help the campers experience God/Christ/Spirit throughout their camping experience.

***Question: What camps need C.I.T.s?***

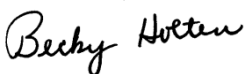
Answer: Elementary/Youth (grades 4-8) camps. C.I.T.s need the dean's approval before registering and must be at least three years older than the campers.

***Question: Does it cost anything to be a C.I.T.?***

Answer: Yes. The first year a C.I.T. pays half the cost of the camp, the second year they pay one-fourth the cost, and the third year is free.

These are some quick answers to frequently asked questions. Please contact the camping office (605-996-6552) or email at [becky.holten@dakcamps.org](mailto:becky.holten@dakcamps.org) if you have further questions. Check the dates in your camp book and let me know when you're available.

In Christ,



Becky Holten  
Director of Camping and Youth Ministries



# 2013 Camper Registration Form

## Dakotas United Methodist Camps

P O Box 460 Mitchell, SD 57301  
605-996-6552 Fax: 605-996-1766 [www.dakcamps.org](http://www.dakcamps.org)

Please use black or blue ink to complete!

1st Choice			\$
	Camp #	Camp Name	Dates
2nd Choice			\$
	Camp #	Camp Name	Dates
Please check appropriate box: <input type="checkbox"/> Camper <input type="checkbox"/> CIT-Counselor In Training			
T-Shirt size: _____ (Wesley Acres camps: WAC@WAC, Basketball Basics, Circle of Friends North, Jr High Basketball Blast) Not all camps provide t-shirts.			
I'd like to be in the same cabin as my friend/Shepherd _____			

Camper /Last Name	First Name	M.I.	Preferred Name
			Male <input type="checkbox"/> Female <input type="checkbox"/>
Address	City	State	Zip
			Grade in 2012-2013 School Year _____

Camper/Family E-mail address	Birth date	Graduation Year
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Parent/Legal Guardian Name	Address if different from Camper
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Home Phone	Mom-Work Phone	Dad-Work Phone	Mom-Cellular Phone	Dad-Cell Phone
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Church Name	City	Pastor's Signature
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Emergency Contact - If parent/guardian cannot be reached	Relationship
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Address	City	State	Zip	Home Phone	Work Phone	Cell Phone
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Payment Information: A \$30 non-refundable deposit is required with your registration. This is applied to your camp registration. Make checks payable to "Dakotas United Methodist Camps".

\$ _____ Amount to be paid by Church	\$ _____ Church Payment enclosed	<b>Yes, I wish to ride the Conference Bus</b> (Not offered for every camp)
		I will board the bus at _____
\$ _____ Amount to be paid by Camper	\$ _____ Camper payment enclosed	Bus payment enclosed: \$ _____ <b>(FULL BUS PAYMENT MUST BE RECEIVED TO REGISTER FOR THE BUS)</b>

**We accept Mastercard, Discover, or Visa Payments**

Mastercard  Discover  Visa

Amount to be applied to your credit card \$ \_\_\_\_\_ 3-digit code (see back of card)

Card # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

OFFICE USE ONLY

Date Registered
Camp #
Amount Enclosed
Confirmation Sent
Welcome Letter Sent

**Please complete both sides of this form.**

# Health Form

Since there is no required examination, it is important that the parents/guardians complete this form carefully in its entirety.

\_\_\_\_\_

Camper Name

\_\_\_\_\_

Camper's Insurance Company

\_\_\_\_\_

Policy #

Dakotas United Methodist Camps provide a **secondary medical insurance policy** for all campers.

### Health History

Please indicate which of the following conditions the camper has/had. Give approximate dates, if appropriate.

<u>Allergies</u>		<u>Medical Conditions</u>		<u>Operations/Serious Injuries</u>	
Ivy/Oak Poisoning		Ear Infections			
Insect Stings		Seizures		<u>Chronic/Recurring Illness</u>	
Treatment		Diabetes			
Medication		Irregularity			
Foods		Fainting		Tetanus - Date of	
Other		Asthma		Last Booster	

Please note any special needs, diet or other conditions the staff should be aware of to make this the most positive experience Possible. Attach an extra sheet if necessary. \_\_\_\_\_

**IMPORTANT:** Please notify the camp if this camper has been exposed to any communicable disease during the three weeks prior to camp attendance.

#### Other Information

Do you give permission for your child to take over-the-counter medication, if necessary? \_\_\_\_\_  
(ie: for headache, constipation or upset stomach.)

Are there any activities which need to be monitored/avoided? \_\_\_\_\_

Are there any routine treatments or medications required during camp? Please explain: \_\_\_\_\_

Does the staff need to remind the camper of his/her treatment?

Family Physician \_\_\_\_\_ Phone # \_\_\_\_\_

### Medical Treatment Authorization

I am the Parent or Legal Guardian of the above named camper. In the event of an emergency and I cannot be reached, the Camp Administration has my permission to authorize emergency medical treatment. I authorize the use of photographs of my child for camp promotion. My child has my permission to engage in camp activities and if necessary my child may be transported in a private vehicle. I authorize the camp office to contact my child/family by e-mail.

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

In the event of an emergency, the Camp administration has my permission to authorize emergency medical treatment.

Adult Camper Signature \_\_\_\_\_ Date \_\_\_\_\_

I do not want photographs of my child to be used for camp promotion.

**Please complete both sides of this form.**