

*EpiscoWisco Camp*

*The camping ministry for the Episcopal Diocese of Wisconsin*

**Counselor-In-Training (CIT) Parent/Legal Guardian Authorization**

This authorization will confirm acceptance of your child's participation in the Counselor-in-Training program of EpiscoWisco Camp. For additional information, visit [EpiscoWisco.camp](http://EpiscoWisco.camp).

CIT Staff

Applicant Name \_\_\_\_\_

**Authorization**

I understand my child has applied to be a Counselor-In-Training at the EpiscoWisco Camp. I support their desire to take part and will assist through guidance and supplying any of the required signatures on camp forms.

**Reference Checks**

I authorize EpiscoWisco Camp to conduct two personal reference checks, authorizing the persons named as references (friends, relatives, or other non-professional contacts) to provide any information they may have regarding my child to help establish my child's personal habits and character. I hereby release such persons from all liability for any damage for sharing information.

Reference #1 Name, Phone, Relationship \_\_\_\_\_

Reference #2 Name, Phone, Relationship \_\_\_\_\_

I understand that any misleading or incorrect statements on my child's application may render my child's application void. If revealed after acceptance to a position this may result in removal from the program.

**Acceptance**

I fully understand and agree that the submission of the CIT application does not obligate EpiscoWisco Camp to offer my child a position, obligate my child to take part, or continue to accept my child's services in the future.

**Commitment**

I understand and agree that the CIT position at EpiscoWisco Camp is one that is integral to providing the best camper experience. I understand that once confirmed, the camp will be relying on my child's participation. I agree to do everything possible to ensure their attendance to complete their commitment to the program.

**Communication**

I understand, that if accepted to a CIT position, the primary point of contact with EpiscoWisco Camp will be my child through the email supplied on their online application. I will rely on my child to relay pertinent information to me as necessary. I understand that EpiscoWisco Camp may communicate directly with me, from time to time, with pertinent information about the CIT position.

Parent/Legal Guardian

Print Name

Sign & Date

Return this completed form to [episcowiscocamp@gmail.com](mailto:episcowiscocamp@gmail.com) or to  
EpiscoWisco Camp, P.O. Box 137, Oshkosh, WI 54903