

# Forest Lake Safety Camp

## Junior Counselors!



Forest Lake Area Safety Camp is a one day camp for children entering 3<sup>rd</sup>-5<sup>th</sup> grade in the Forest Lake area communities. At camp, children are placed into 3 large groups and will be assigned 2 Junior Counselors and 1 adult volunteer.

Junior Counselors will be responsible to act as a leader, ensure campers are being respectful throughout the day, engage with campers during free times, and provide general supervision.

Junior Counselors receive a free t-shirt, snacks, and lunch. Junior Counselors are also invited to participate in the bike ride if they are able to bring with their own bike and helmet (please inquire if you do not have a helmet).

### Here are the requirements of Junior Counselors:

- Be entering 11<sup>th</sup> or 12<sup>th</sup> grade (currently in 10<sup>th</sup> or 11<sup>th</sup> grade)
- Attend a **training on Monday, June 13<sup>th</sup> from 4-5pm** at the Forest Lake City Center
- Attend **camp from 7:15am-4:45pm on Tuesday, June 14<sup>th</sup>** at the Forest Lake City Center
- Be responsible and a good role model

Unfortunately, if you are not able to attend the training or attend camp all day, you will not qualify to become a Junior Counselor this year.

**Only 6 Junior Counselors are needed!** Applications will be reviewed on a first come, first serve basis. Please apply early! Application deadline is May 31. You will be notified as soon as possible if you have been selected to be a Junior Counselor.

**Questions?** Contact Jenna Jones at Lakes Center for Youth and Families at 651-464-3685 x 108.

**Turn your application in to Jenna at:**

**Mail:** 20 Lake Street North Suite 103, Forest Lake, MN 55025

**Email:** [Jenna.Jones@lc4yf.org](mailto:Jenna.Jones@lc4yf.org)

## Junior Counselor Application/Registration Form

First & Last Name \_\_\_\_\_

Phone Number: \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Entering Grade \_\_\_\_\_

Gender: Male Female Gender Identity (optional) \_\_\_\_\_ Race \_\_\_\_\_ Hispanic/Latinx? Y N

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ County \_\_\_\_\_

Emergency Contact Name/Relationship/Phone Number: \_\_\_\_\_

Circle preferred shirt size (Adult sizes.) SMALL MEDIUM LARGE X-LARGE

Why are you interested in volunteering for Safety Camp? \_\_\_\_\_

Are you able to attend the training on the Monday before camp? \_\_\_\_\_

Are you able to attend camp all day on Tuesday from 7:15am-4:45pm? \_\_\_\_\_

### **THE FOLLOWING IS TO BE COMPLETED BY THE APPLICANT'S PARENT/GUARDIAN:**

#### **RELEASE OF LIABILITY:**

In consideration of the City of Forest Lake allowing me (or my child) to voluntarily participate in the Safety Camp, 1) I agree to assume all risk of accident or damage in connection with my participation; 2) I acknowledge that certain activities of the program are inherently dangerous sports and/or subject me to personal injury with other participants and/or equipment used in this activity; 3) I release and discharge the City of Forest Lake, its agents, officers, employees, and insurers from any claim for negligent acts or omissions occurring or arising out of my participation in this program; 4) I agree to abide by all rules and regulations of the program. I further agree to wear protective clothing and equipment at all times which clothing and equipment shall be furnished at my own expense; 5) I acknowledge that my juveniles son/daughter may be photographed/videotaped during this activity and hereby grant permission for same. I further acknowledge and agree to allow these photographs/videotapes to be shown during and after the event and/or be shown or broadcast for educational and/or promotional purposes; 6) I agree that this release is binding upon by spouse, parents, children, and heirs and assignees. This release does not extend or apply to any damage caused by willful, wanton, or intentional misconduct.

#### **I HAVE READ THIS RELEASE AND UNDERSTAND ITS CONTENTS**

Print Parent/Legal Guardian Name: \_\_\_\_\_

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

Print Child's name: \_\_\_\_\_

#### **MINNESOTA DATA PRACTICES ACT**

The information requested on this registration form will be used to verify eligibility and determine staff, facility, and equipment needs. You/your child's name, age, grade level, address, telephone number, and health information may be provided to City staff, volunteers, the City attorney, insurer, and auditor. Although you are not legally required to disclose this information, failure to do so will prevent you/your child from participating in the program.

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

#### **Bike Ride at Safety Camp**

I give permission for my child to ride their bike on the Hardwood Creek Trail with the supervision of the Forest Lake Police Department and Forest Lake Safety Camp volunteers.

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