



Metropolitan YMCAs of Mississippi APPLICATION FOR COUSELOR IN TRAINING (CIT)

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

We consider applicants for CITs without regard to race, color, religion, creed, gender, national origin, age, disability, sexual orientation, or any other legally protected status.

CONTACT INFORMATION

FIRST NAME		LAST NAME	
ADDRESS	CITY/STATE		ZIP CODE
CELL/HOME PHONE	EMAIL		

WHICH LOCATION ARE YOU APPLYING TO?

- CLINTON FAMILY YMCA RESERVOIR YMCA

HOW DID YOU HEAR ABOUT US?

- ADVERTISEMENT FRIEND WALK-IN OTHER _____

ARE YOU BETWEEN THE AGES OF 13-15?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
HAVE YOU EVER BEEN A CIT WITH US BEFORE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

EDUCATION

	NAME OF SCHOOL	GRADE ENTERING
MIDDLE SCHOOL		
HIGH SCHOOL		

WHY WOULD YOU BE A GOOD CIT?

LIABILITY RELEASE

I, the undersigned, request permission for _____ (child's name) to enter the Metropolitan YMCAs of Mississippi school age programs and to participate in the YMCA activities associated with the program. I know and assume all risks related to the participation in such activities, where such risks arise on or off the YMCA premises. In consideration of the permission granted to enter the YMCA program premises, I release and discharge the owners, operators, and sponsors as well as all other person in any way related to the YMCA for claims, demands, damage actions and cause of action (present or future, whether known or unknown, anticipated or unanticipated) for any and all personal damages to my property relating to my presence on the YMCA premises and/participation in any YMCA activity. I certify that I am 18 years of age and that my participation in the YMCA activities are voluntary.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

APPLICANT SIGNATURE: _____ DATE: _____