

## Gym and Swim Summer Camp Leadership/Counselor Application

Name \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_

T-shirt size \_\_\_\_\_ EXTRAS \$10 \_\_\_\_\_

Address \_\_\_\_\_

Home phone \_\_\_\_\_ Your Cell phone \_\_\_\_\_

Parent's cell \_\_\_\_\_

Parent's email \_\_\_\_\_

Your email \_\_\_\_\_

School attended 2020-2021 \_\_\_\_\_

School and grade 2021-22 \_\_\_\_\_

Community service hours needed for?

\_\_\_\_\_

How many hours are needed? \_\_\_\_\_

How did you hear about our Leadership program?

\_\_\_\_\_

All of your social media outlets, because we are going to be friends and follow 😊

\_\_\_\_\_

\_\_\_\_\_

Please check the weeks that you are available to work. If selected, you may or may not get all the weeks you choose. It depends on the number of campers who have signed up for each week.

2020 Camp Sessions:

\_\_\_ Camp 1: June 7-11 **Survivor**

\_\_\_ Camp 2: June 14-18 **Star Wars**

\_\_\_ Camp 3: June 21-25 **Minecraft**

\_\_\_ Camp 4: July 5-9 **Among Us**

\_\_\_ Camp 5: July 13-16 **Harry Potter**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

1. What type of experience do you have being a leader?

\_\_\_\_\_  
\_\_\_\_\_

2. How would you handle a disruptive child displaying bad behavior in a camp setting? \_\_\_\_\_

\_\_\_\_\_

3. How would you encourage a camper to participate in an activity when he/she clearly doesn't want to participate?

\_\_\_\_\_  
\_\_\_\_\_

4. How would you define "responsibility"?

\_\_\_\_\_  
\_\_\_\_\_

5. What personal gifts do you have to add to Gym and Swim camp? Such as: Minecraft Master, cheerleader, singer

\_\_\_\_\_  
\_\_\_\_\_

6. If you were a previous Gym and Swim camper, what is your favorite memory? \_\_\_\_\_

\_\_\_\_\_

### Returning LEADERS:

7. What is your favorite camp duty? \_\_\_\_\_

Why? \_\_\_\_\_

8. What is your least favorite camp duty? \_\_\_\_\_

Why? \_\_\_\_\_

Coach Jeff and I can't wait to have another great camp season this year! We hope that you will be able join our team, and make each camper's experience with us special and fun!

**Info:**

- \*#1 rule-Do everything with a smile!:)
- \*Leaders get paid with Community service hours and experience.
- \*Leaders must wear a Gym and Swim STAFF shirt **every day**.
- \*Leaders will be provided 1 uniform shirt, but must purchase any additional ones if needed.
- \*Girls **MUST** wear a 1 piece swimsuit.
- \*Leaders must wear tennis shoes, not flip flops.
- \*Leaders must have transportation to and from camp.
- \*Leaders must be able to follow directions well from coaches. (Leaders need to be teachable)
- \*Leaders are required to **personally** contact Coach Susan with any change in their schedule.
- \*Leaders must be at Sea Star on Mondays 8:00 to 1:30 ,  
T-F 8:15 to 1:25 **(OR UNTIL ALL DUTIES ARE COMPLETE)**

## Duties include:

- CAMP ROOM ready for campers and cleaned up at end of the day.
- LAKE SET UP-Canoes, paddles, life-jackets set up and end of day put it all back.
- FIELD SET UP and tear down.
- POOL SET UP and clean up.
- Men and Women Locker rooms cleaned at end of day.
- Thursday counselors will be required to come up with and write Camper Awards for campers on their teams.

Parent/Guardian Authorization :

In case of an accident or illness, Sea Star Swim School/Camp Gym and Swim is authorized to secure emergency medical treatment. Prudent attempts will be made to contact the camper's parents immediately. I understand the related expenses for any medical attention will be my responsibility. This health history is correct and complete as far as I know, and the person herein described has my permission to engage in all camp activities except as noted. I hereby give permission to the medical personnel selected by Sea Star Swim School/ Camp Gym and Swim to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by Sea Star Swim School/Camp Gym and Swim to secure and administer treatment, including hospitalization, of the person named on this form. This completed form may be photocopied.

Waiver (MUST be Signed by Parent or Guardian)

The undersigned is aware that participating in camp activities (swimming, running, canoeing) or physical exercise may result in accident or injury, and the undersigned assumes the risk connected with the participation in these activities, whether supervised or unsupervised. By signing, the individual represents that the attendee is in good health and suffers from no physical impairment that would limit his/her activity or participation. The undersigned acknowledges Sea Star Swim School, LLC has not and will not render any medical services, including medical diagnosis of the undersigned's physical condition. Participant specifically agrees that Sea Star Swim School, LLC, its owners, employees, and agents, Susan Flowers shall not be liable for any claim, demand, cause of action of any kind whatsoever for, or on account of, death, personal injury, property damage or loss of any kind resulting from or related to his/her use of the facilities or participation in any camp, swim lesson or physical exercise or activity, within or without the facility premises, and the undersigned agrees to hold Sea Star Swim School, LLC, and Susan Flowers harmless from same.

I hereby affirm that I have read and fully understand the above.

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

Printed \_\_\_\_\_

Date \_\_\_\_\_

Any questions? Susan Flowers at 615-533-5163.

You can take your application to SeaStar by May 10<sup>th</sup> or send them to [gymandswimatseastar@gmail.com](mailto:gymandswimatseastar@gmail.com)