

PERSONAL & CONFIDENTIAL INFORMATION FOR CITs

Dear CIT,

We are very pleased that you will be attending The Hollows Camp this summer as a CIT and hope that you will have a rewarding and educational experience. Please complete Part A and have a parent complete Part B and the medical form on the reverse.

PLEASE RETURN THIS FORM AS SOON AS POSSIBLE.

Part A

Which of the following best describes you?

Energetic ___ Well-co-ordinated ___ Prefers passive activities ___ athletically inclined ___

Enjoys competitive sports ___ Emotional ___ Sensitive ___ Easy going ___ Nervous ___

Hobbies _____

Special talents _____

Swimming (Most recent level completed) _____

Areas you would like to assist with or instruct _____

Your personal goals for this summer _____

Part B

Do you have any information you would like to share with us about your son or daughter so that we may best accommodate their CIT experience?

I understand that this information is confidential and agree that it may be stored under secure conditions with the camp's records.

Signature _____ Date _____

Signature of Parent _____ Date _____