

Leaders in Training (LIT)/Counselors in Training (CIT)

SUMMER CAMP 2026

YMCA of Centre County, State College Branch

Must be completed and returned by April 17<sup>th</sup>, 2026

**IMPORTANT PROGRAM REQUIREMENT: TEEN LEADERS CLUB**

Participation in the LIT/CIT Program requires registration and active participation in Teen Leaders Club. With meetings every Thursday 6:30-8:00pm (and every other Thursday during the summer), Teen Leaders Club is a leadership development program for kids in 6<sup>th</sup>-12<sup>th</sup> grade that focuses on leadership skills, teamwork, responsibility, and community service. For questions about Teen Leaders Club, please email Conor Camazine at [ccamazine@ymcaocc.org](mailto:ccamazine@ymcaocc.org).

**\*\*\*Parent/Guardian must complete and sign the following information\*\*\***

Applicant's Name: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Parent/Guardian 1 Name: \_\_\_\_\_

Parent/Guardian 1 Home Address: \_\_\_\_\_

Parent/Guardian 1 Email: \_\_\_\_\_

Parent/Guardian 1 Cell Phone: \_\_\_\_\_

Parent/Guardian 2 Name: \_\_\_\_\_

Parent/Guardian 2 Home Address: \_\_\_\_\_

Parent/Guardian 2 Email: \_\_\_\_\_

Parent/Guardian 2 Cell Phone: \_\_\_\_\_

Primary Contact (Circle One)      Parent/Guardian 1      Parent/Guardian 2

Name of emergency person in case of emergency (If parent or guardian cannot be reached)

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

Cell Phone: \_\_\_\_\_

Relation to Child: \_\_\_\_\_

Parental Authorization: The health report provided is correct to the best of my knowledge. I understand that the State College YMCA does not grant medical insurance for participants; therefore, all participants in the summer camp program are at their own risk. The YMCA attempts to conduct all programs in the safest possible manner; however, accidents sometimes do occur. I have adequate medical insurance for my child through the \_\_\_\_\_ insurance company.

Name of Child's Doctor: \_\_\_\_\_

Doctors Phone Number: \_\_\_\_\_

I understand that I will be contacted in case of sickness, accidents, or emergency. If I cannot be contacted in case of emergency, I give permission to the YMCA staff to provide first aid treatment for minor injuries and illnesses. I understand that neighborhood excursions may be taken to the school, park or playground, and I have consented for my child to go along. The YMCA also has my permission to photograph or video my child while participating in games and activities. Permission is also granted for my child to be transported by the YMCA for weekly field trips by bus. I give the YMCA permission to put sunscreen on my child. I understand and will abide by the disciplinary policy set in place by the YMCA.

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

### **Parent and Child Meeting/Training**

One parent or guardian of each LIT/CIT will be required to attend a parent meeting on **May 16th from 12:30-2:30pm**. The LIT/CIT must also attend. This meeting is mandatory and must be attended for your child to volunteer in our program, as it serves as their training meeting while also going over all of the necessary information you and your child will need. Parents must be present in this meeting, so expectations are known for their child in the program. Your child may be dismissed from the program at the discretion of the Child Care Director or Teen and Youth Program Coordinator.

**\*\*\*This page is to be completed by the LIT/CIT applicant\*\*\***

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

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

T-shirt size (please circle, adult sizes only):

Small

Medium

Large

X-Large

Please print your answers to the following questions:

1. Have you been an LIT/CIT at the State College Branch, if yes how many years:

\_\_\_\_\_

2. Why do you want to be an LIT/CIT?

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

3. Do you have any experience working with children younger than you? (babysitting, volunteer work, etc)

explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. With the help of a parent or guardian you must complete the following requirements before volunteering for the LIT/CIT program:

- Registered and actively participating in Teen Leaders Club
- An in person Red Cross Babysitting Course. If completed, please attach a copy to your application.
- Class options:
  - Tuesday March 10<sup>th</sup> (10:00am-2:00pm)
  - Friday April 3<sup>rd</sup> (10:00am-2:00pm)
- Mandated Reporter training taken through [www.reportabusepa.pitt.edu](http://www.reportabusepa.pitt.edu) (once taken it is valid for 3 years)
- 2 reference sheets completed, one family member and one nonfamily member.
- Attend mandatory parent and child meeting/training (May 16<sup>th</sup> 12:30-2:00pm)
- Attend mandatory individual parent/child meeting (signups available at May 16<sup>th</sup> meeting)

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

Child's Signature: \_\_\_\_\_

With the assistance of your parent or guardian, please choose the weeks you are available. Please request only weeks you are available Monday through Friday. Weeks are based off a lottery system, and you WILL NOT volunteer every week you have requested. You will receive your designated weeks at the parent meeting on Saturday, May 16<sup>th</sup> 12:30-2:00pm.

Please check all that apply:

June 8-12	
June 15-19	
June 22-26	
June 29-July 3	
July 6-10	
July 13-17	
July 20-24	
July 27-31	
Aug 3-7	
Aug 10-14	
Aug 17-21	

## **Important Dates to Know Before Summer Camp**

### Teen Leaders Informational Meetings

- February 28<sup>th</sup> (12:30-2:00pm)
- May 30<sup>th</sup> (12:30-2:00pm)

### Remaining Teen Leaders Meetings in 2025-26 School Year

- February 13<sup>th</sup>, 20<sup>th</sup>, 27<sup>th</sup>
- March 5<sup>th</sup>, 19<sup>th</sup>, 26<sup>th</sup>
- April 2<sup>nd</sup>, 8<sup>th</sup>, 9<sup>th</sup>, 16<sup>th</sup>, 23<sup>rd</sup>, 30<sup>th</sup>
- May 7<sup>th</sup>, 14<sup>th</sup>, 21<sup>st</sup>, 28<sup>th</sup>
- June 4<sup>th</sup>

**Note: These dates are subject to change.**