



Happy Hearts Dance Camp 2017 Counselor Application

Counselor Information:

Name: _____ M/F

Preferred Name/Nickname: _____

Date of Birth: _____ Age: _____

Address: _____

City _____ State _____ Zip Code _____

Telephone #: _____ Email: _____

Contract:

I _____ agree to attend counselor training/orientation on **June 25th, 2017** attend all camp events deemed mandatory from **June 25th-June 30th, 2017**, and will arrive 15 minutes prior to each event and will not leave until my camper is picked up by an approved ride. I will treat all fellow counselors and campers with respect and patience. I will not use inappropriate or insensitive language and will act as a role model to campers while at Happy Hearts Dance Camp. I will not engage in the use of drugs or alcohol while at camp. I will not allow events or situations outside of camp to distract me from my camper at any time and will do my best to provide my camper with a positive experience. I understand that while wearing the Happy Hearts Dance Camp logo, my actions are a reflection of the program and its reputation.

X _____
(Signature)

X _____
(Print Name)

In case of emergency, please list someone we can contact to pick you up or make decisions on your behalf. These must be available during the day/night:

Emergency Contact: _____
Relationship to Counselor: _____ Daytime Phone: _____ Cell Phone: _____

Medical Information:

Diagnosis: _____

Allergies: _____

Medications: _____

Primary Physician Information:

Name: _____

Address: _____

Phone Number: _____

Insurance Information:

Policy Holder's Name: _____

Policy Number: _____

Group Number: _____

Insurance Company Name: _____

Insurance Company Address: _____

Insurance Company Phone Number: _____

In the event I, _____, am incapable to make decisions regarding my health, Emily Jarger has my permission to sign for any and all immediate medical treatment she deems necessary to the health and well-being of myself, _____, while in attendance at Happy Hearts Dance Camp at Packanack Community Church in Wayne, New Jersey.

X _____
(Signature)

X _____
(Printed Name)

Additional Information:

(Please describe your experience working with individuals with special needs, concerns, and questions or comments about the camp/classes)

Counselor Survey: *(In order to match you with your camper)*

What is your favorite animal? _____

What is your favorite song? _____

What is your favorite color? _____

Describe yourself in three words: _____

Please circle your t-shirt size (adult sizes):

S M L XL

Happy Hearts Dance Camp Photo Release

I, _____, allow Happy Hearts Dance Camp to use photographs of myself, _____, taken during camp, for all intents and purposes of the promotion of Happy Hearts Dance Camp 501(c)3, in mediums such as print, Facebook, the organizations' website, etc. I understand that my last name will not be used in any publications unless I, myself, authorize it.

X _____

Signature

Date

Please mail all applications to 102 Lake Drive East, Wayne, NJ, 07470

THANK YOU AND WE LOOK FORWARD TO SEEING YOU AT HAPPY HEARTS DANCE CAMP!

With any questions/comments please visit/contact us at:

happyheartsdance.org

www.facebook.com/HappyHeartsDanceCamp

Happyheartsdancecamp@yahoo.com