

**BOW PARKS AND RECREATION DEPARTMENT**  
**2026 CIT Registration/Release Form**

CIT Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade in Fall \_\_\_\_ M\_\_\_\_ F\_\_\_\_

Mother's Name \_\_\_\_\_ Cell \_\_\_\_\_ Work Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell \_\_\_\_\_ Work Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Address \_\_\_\_\_ Town \_\_\_\_\_

Emergency Contact Name & Phone \_\_\_\_\_

*The following people have permission to pick my child up from the program:*

**Name & Phone Number:** \_\_\_\_\_

Family Doctor's Name and Phone \_\_\_\_\_

Medical Information. Please fill out below and inform us of any medical concerns or medications we need to know about:

Last Tetanus \_\_\_\_/\_\_\_\_/\_\_\_\_

Carries an Inhaler during program? \_\_\_\_\_

Will have an Epi-pen at camp? \_\_\_\_\_ Reason: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical Concerns: \_\_\_\_\_

CIT T-Shirt Size: \_\_\_\_ Adult Small \_\_\_\_ Adult Medium \_\_\_\_ Adult Large \_\_\_\_ Adult XL \_\_\_\_ Adult XXL

**Note:** CIT's must wear an official Camp Bowbie CIT T-shirt each day while volunteering. Each CIT will be issued one T-shirt. Additional T-shirts can be ordered for \$15 each. Please include payment for extra t-shirts with your CIT registration.

| Program / Fee                   | Amount Paid | Date Paid | Online Payment | Check | Cash |
|---------------------------------|-------------|-----------|----------------|-------|------|
| CIT Program fee \$115           |             |           |                |       |      |
| Extra T-shirts \$15 per T-Shirt |             |           |                |       |      |

## **Bow Parks and Recreation Department Release**

In consideration of the permission granted to the participant(s) named on the reverse, to participate in the **PROGRAM(S) LISTED ON THE REVERSE**, I release, waive, discharge and covenant not to sue the Bow Parks & Recreation Department, Town of Bow, volunteers and employees (hereafter referred to as the "Town of Bow") from all liability for any and all loss or damage, and any claims or demands therefore on account of injury to the person or property or resulting in death of the named participant(s), whether caused by the negligence of the Town of Bow while the named participant(s)

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participates in the **PROGRAM(S) LISTED ON THE REVERSE**.

I further agree to indemnify the Town of Bow & its employees from any and all liability, loss or damage, including, but not limited to, bodily injury, illness, death or property damage which they become legally obligated to pay, including reasonable attorney's fees and costs, as a result of claims, demands, costs, or judgments against the Town of Bow, its agents and employees on account of injury to the person or property or resulting in death of the named participant whether or not caused by the negligence of the Town of Bow/Employees, whether or not such liability is sole, joint, or several. I represent to Town of Bow that to the best of my knowledge, the participant(s) is/are in proper physical condition to participate and that I assume the risk of participating. I understand that if the above program(s) involves traveling to various activity sites, I release, indemnify and hold harmless the Town of Bow/Employees for any transportation that they provide for which the participant is eligible. I understand that in case of injury or illness, I will be notified. If I cannot be contacted and it is an emergency, I give permission for first aid treatment to be rendered and, if necessary, to have the participant transported to a hospital and/or medical clinic and to authorize their medical staff and the attending physician to treat, hospitalize, administer anesthesia, or to order injections or surgery.

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- **By signing below, I agree to the above Release.**
- **By signing below, I give permission to use the participant's photo for display or advertisement by the Town of Bow and/or Bow Parks & Recreation.**
- **By signing below, I have read the "Important Camp Policies & Information" sheet and agree to the policies set forth.**
- **By signing below, I understand that CIT fees are non-refundable and non-transferrable.**

• **Printed Name of Parent/Guardian** \_\_\_\_\_

• **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

• **Email** \_\_\_\_\_