

Town of Clifton Park - Summer Recreation

Camper in Leadership Training Program (CILT)

The Camper in Leadership Training (CILT) program is a full- or half-day opportunity for self-assured teens who are eager to mentor and support younger campers. Designed for youth ages **14 or 15** (must be 14 by **Monday, June 29, 2026**), the program is ideal for those who are motivated, responsible, and ready to embrace the challenges of leadership.

The Town of Clifton Park offers the CILT program at each of our summer camp locations. **Two CILT positions** are available per site. Each CILT will be paired with a dedicated staff member (site director, specialist, or senior counselor) to work alongside the entire **seven- or eight-week camp** season. Each day begins with a goal-setting session with their mentor, and every week ends with a reflection and evaluation. During camp hours, CILTs work alongside experienced counselors and will be actively involved in:

- Leading and assisting with organized activities
- Participating in group discussions and instruction
- Helping with special camp projects
- Learning through hands-on mentorship and evaluation

Half-Day Sites: Locust Lane Clubhouse, Jonesville Firehouse, and Okte Elementary School (Daily Monday – Friday, hours are typically 8:45 a.m. – 12:15 p.m.)

Full-Day Site: Clifton Common Arena (daily Monday – Friday, hours are typical 8-hour shifts, and can span any time between 7:30 a.m. – 6:00 p.m.)

The CILT program provides older campers with meaningful leadership experiences, helping them develop confidence, responsibility, and teamwork skills. Participants serve as role models for younger campers while learning how to guide, teach, and lead within a fun and supportive environment. CILTs gain lifelong leadership skills, build strong mentor relationships, and play an essential role in the success of our summer camps.

How to Apply:

Interested teens must complete an application that includes:

- A student essay answering the following:
 - What skills, talents, or experiences do you bring to the summer camp program?
 - What do you hope to gain from the CILT experience?
- 2 confidential references
 - Non-family members only. Examples include teacher, coach, previous employer, neighbor, family friend, church leader, youth group leader, etc. Applications are attached and should be included with this application.

Fees: (only to be collected after acceptance into the CILT program.)

- Okte Elementary (6 week, half day camp): \$130
- Locust Lane & Jonesville (7 week, half day camp): \$140
- Full-Day Camp (8 weeks, full day camp, including field trips): \$400

CILTs are not required to attend pre-camp training. They will report on the first day of camp, be introduced to their counselor/mentor, and receive two CILT t-shirts to be worn daily at camp.

Applications will be available starting March 1st, 2026. Applications will be reviewed on a rolling, first-come, first-served basis until all spots are filled. The student essay and 2 confidential references can be submitted to:

Parks and Recreation
Attn: Megan Babendreier
1 Town Hall Plaza, Clifton Park NY 12065
or MBabendreier@cliftonpark.org

Town of Clifton Park Camper in Leadership Training (CILT) Registration Form

Please fill out this form **COMPLETELY** and **LEGIBLY**.

Child's Name: _____ Site: _____

Date of Birth: _____ Grade *entering in Fall 2026*: _____

Address: _____

Town/City: _____ State: _____ Zip Code: _____

Email Address: _____

Siblings in this camp: _____ Grade: _____

_____ Grade: _____

Emergency Contacts during Camp Hours (must list at least two)

Please star* people who are authorized to pick up child

| Relationship | Name | Phone Number |
|--------------|------|--------------|
| Parent | | |
| Parent | | |
| | | |
| | | |

MEDICAL INFORMATION

Please indicate day, month, and year of most recent immunization for each:

| | | | |
|------------------------------------|-------------|--------------------------------------|-------------|
| Polio (OPV/IPV) | ___/___/___ | Diphtheria, Tetanus, Pertussis (DPT) | ___/___/___ |
| Hepatitis Series (Hep) | ___/___/___ | Measles, Mumps, Rubella (MMR) | ___/___/___ |
| Haemophilus Influenza Type B (Hib) | ___/___/___ | Varicella (Chicken Pox) | ___/___/___ |

PLEASE INDICATE THE FOLLOWING:

- ___ My child uses an inhaler*
- ___ My child uses an Epi Pen*
- ___ My child has permission to carry and apply his/her own FDA-approved sunscreen

Please note any recent/current illness/injury or existing medical conditions:

Food/drug/other allergies: _____

Prescription medication: _____

Special Accommodations: _____

The Town of Clifton Park supports the 1992 Americans with Disabilities Act. Please briefly describe any special accommodations your child may need to participate, and someone will contact you.

* In order for medication (inhalers & Epi Pens) to be taken at camp, we must have written **permission from parent and written order from doctor**. Please fill out attached medical form and find Epi Pen protocol information in Parent Handbook available at www.CliftonParkNY.gov.

WAIVER AND RELEASES

PLEASE READ CAREFULLY. BY SIGNING BELOW, YOU AGREE TO THE FOLLOWING:

I hereby grant permission for my child, identified above, to participate in the Clifton Park Summer Recreation Program and acknowledge all rules, regulations and directives of the program. I have received the parent handbook and will familiarize myself with the program guidelines. I assume, for and on behalf of my child, all risks and hazards incidental to such participation. I also recognize the difficulties and challenges involved in the outdoor, sports programs and camps, and that my child is sufficiently physically and psychologically fit to participate and has not been advised otherwise by a physician. I agree to indemnify and hold harmless the Town of Clifton Park, its employees and personnel from any and all claims, causes of action, liability for injuries or damages which may arise as a result of participating in this summer recreation program and its trips and activities, including, but not limited to, reasonable attorney's fees and the costs and disbursements of any legal actions. I do hereby waive, relinquish, release, discharge, and hold The Town of Clifton Park harmless from any and all liabilities, for any physical or mental injury or aggravation of any pre-existing illness, handicap, and death, loss of enjoyment, or any other harm or loss of nature which may be sustained by my child while participating in the Summer Recreation Program. The scope of this agreement extends to any actions taken by the Town of Clifton Park Office of Parks and Recreation, the Town of Clifton Park, its employees, personnel, volunteers, and the instructor of any class or activity in responding to any emergency and/or medical situation or event. I further agree that they may act in an emergency as best fits the situation in the event either myself or emergency contact cannot be timely reached.

Participants may be photographed while participating in a Clifton Park Parks & Recreation camp and said photographs may be used to publicize activities as the Town deems appropriate.

___ I give my child permission to ride his/her bike, walk or skate to and from the Clifton Park Summer Day Camp Site.

_____ Date

_____ Signature of Parent/Guardian

Town of Clifton Park Summer Camp Medication Authorization Form

Please complete if your child must self-administer medication at their camp site. The Town of Clifton Park Summer Recreation Program is a day camp and **camp staff are not allowed to dispense medication** (with the exception of epi-pens).
Only diabetic medication, inhalers and other allergy medications are allowed to be brought in by campers.

THE FOLLOWING SECTION IS TO BE COMPLETED AND SIGNED BY PARENT/GUARDIAN

Child's Full Name: _____ Grade *entering in Fall 2026*: _____ Site: _____

| | | | |
|-------------------------|-------------|----------------|--------------|
| PHYSICIAN'S INFORMATION | Name: _____ | Address: _____ | Phone: _____ |
|-------------------------|-------------|----------------|--------------|

My child has permission to:
 carry his/her medication to camp
 have medication available at camp (parent/guardian must deliver and bring medicine home daily.)
 my child has been trained to self-administer his/her medication

_____ Date _____ Parent/Guardian Signature _____ Phone _____ Emergency Contact Phone

THE FOLLOWING SECTION IS TO BE COMPLETED AND SIGNED BY THE PRESCRIBING PHYSICIAN

Name of Medication: _____ Form: _____ Dose: _____
 Has child been trained to self-administer? YES NO
 If medicine is to be taken "WHEN NEEDED" describe indications: _____
 How soon can the medication be repeated? _____
 List significant side effects: _____
 Other information: _____

 Expiration Date of Medication: _____

_____ Date _____ Physician Signature _____ Physician's Name (please print)

| | | |
|------------------|--|---|
| Office Use Only: | Demonstration of self-administration <input type="checkbox"/> YES <input type="checkbox"/> NO | _____ Signature of Health Director _____ Date |
|------------------|--|---|



Town of Clifton Park

Office of Parks and Recreation

One Town Hall Plaza, Clifton Park, New York 12065 | (518) 371-6667 | Fax: (518) 545-4284

CONFIDENTIAL REFERENCE

_____ has applied for a position as: _____

with the Town of Clifton Park Office of Parks & Recreation. We would appreciate your taking a few minutes to answer the questions below. The information you provide will be kept confidential. In selecting staff, we are looking for people who:

- Enjoy working with children;
- Can act as a mentor and a good role model to children;
- Have enthusiasm, energy, initiative and personal integrity; and
- Enjoy being outdoors.

Required by the New York State Department of Health

Your Name: _____

Your Phone Number: _____

1. What is your relationship to the applicant? _____
2. How long have you known the applicant? _____
3. What do you feel are the applicant's strengths? _____
4. What do you feel are the applicant's weaknesses? _____
5. Do you enjoy being around this applicant? YES / NO
6. Have you ever seen this applicant in a situation where he/she has related to children? YES / NO
If yes, in what capacity? _____
7. What contributions do you feel this applicant can make to our programs? _____

8. Are you aware of any reason why this applicant should not be handling cash? YES / NO
9. Are you aware of any situations or personal conditions that might cause problems in working in a team environment? YES / NO
10. Are you aware of any reason why this applicant should not be in a position of authority working with children? YES / NO



11. Please check the rating that you feel best fits the applicant:

| | Superior | Average | Needs Improvement | Not Observed |
|------------------------------------|----------|---------|-------------------|--------------|
| Skills in working with children | | | | |
| Ability to work well with others | | | | |
| Dependability | | | | |
| Flexibility | | | | |
| Planning and Organizational Skills | | | | |
| Communication Skills | | | | |
| Leadership and Supervision Skills | | | | |

Thank you for your input! Please return this to the Office of Parks and Recreation at the address below.

Parks & Recreation
Town of Clifton Park
One Town Hall Plaza
Clifton Park, NY 12065



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