



# Summer 2025 CIT Application

CIT Name: \_\_\_\_\_ School: \_\_\_\_\_

Grade in Fall 2025: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Location: \_\_\_\_\_ West LA \_\_\_\_\_ Culver City \_\_\_\_\_ Marina Del Rey \_\_\_\_\_ Silver Lake

**Please select below all the weeks you are able to work.**

Week 1: June 16 (Closed June 19th)

Week 5: July 14

Week 2: June 23

Week 6: July 21

Week 3: June 30 (Closed July 4th)

Week 7: July 28

Week 4: July 7

Week 8: August 4 (Culver City Only)

**All applicants are required to submit either a one-page essay or a letter of recommendation. For more details on the submission guidelines and requirements, please visit our website. Kindly select your chosen written submission option below:**

One Page Essay

Letter of Recommendation

Parent Name: \_\_\_\_\_ Full Address: \_\_\_\_\_

Cell Phone 1: \_\_\_\_\_ (Mom/Dad) Cell Phone 2: \_\_\_\_\_ (Mom/Dad)

Email 1: \_\_\_\_\_ Email 2: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance Co: \_\_\_\_\_ Policy #: \_\_\_\_\_

Does your child have any physical activity restrictions?  YES  NO

Does your child have any allergies to foods or medications?  YES  NO

Does your child have any dietary restrictions?  YES  NO

Will your child be required to take any medication while at PTSC?  YES  NO

**If YES to any of the above, please submit the appropriate medical/medication form with this application.**

1. In case of an emergency and I cannot be reached, I authorize the Prime Time Sports Camp Director, or his designee, to obtain whatever medical treatment he or she deems necessary for the welfare of my child. I understand the potential risks involved in the activities provided by Prime Time Sports Camp and I hereby agree to assume all such risks, including the risk of injury to my child. I hereby release, and agree to protect, defend, indemnify and hold harmless Prime Time Sports Camp and its owners, officers, directors and staff from any and all claims arising out of injury to my child. I also agree to accept full responsibility, financial or otherwise, for the conduct of my child. I further understand that my child may be dismissed from the program for conduct deemed improper by the Director in his sole discretion.

2. All pictures, films, tapes, or other likenesses of my child taken during camp hours are the property of Prime Time Sports Camp and may be used for any and all promotional materials.

3. PERMISSION TO SIGN IN AND OUT OF CAMP: Please be aware that should you allow your child to sign in or out, Prime Time Sports Camps is in no way responsible for your child until he/she signs him/herself in to, or after he/she signs out of camp. Child must be entering at least the 4 4th grade to sign themselves out.

My child may sign themselves IN to camp:  YES  NO My child may sign themselves OUT of camp:  YES  NO

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

Once you are selected for the program, we will reach out to you with details regarding payment information.