



Summer 2026 CIT Application

CIT Name: _____ School: _____

Grade in Fall 2026: _____ Gender: _____ Date of Birth: _____

Please rank your top three location preferences by marking each location with a 1, 2, or 3. While we do our best to accommodate preferences, placements are not guaranteed.

Location: _____ West LA _____ Culver City _____ Marina Del Rey _____ Silver Lake

Please select all the weeks you are available to work. A minimum commitment of two weeks is required.

___ Week 1: Week of June 15 (Closed June 19th)

___ Week 5: Week of July 13

___ Week 2: Week of June 22

___ Week 6: Week of July 20

___ Week 3: Week of June 29

___ Week 7: Week of July 27

___ Week 4: Week of July 6

___ Week 8: Week of August 3 (Culver City Only)

Credit Card Number: _____ EXP Date: _____ CVV: _____

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: _____

Please attach your written essay and email both to Kaelyn.gsellman@primetimesportscamp.com.