



Counselor in Training (C.I.T) Parent Permission Slip

I, _____ hereby give my permission
for
(Print name of parent or guardian)

_____ to participate in the Counselor in Training
(CIT)
(Print name of child)

program sponsored by the City of Foster City Parks and Recreation Department. I also understand that if my child is not performing the duties expected of a C.I.T, as stated in the CIT handbook, Parks and Recreation staff will contact me to discuss the situation and, if necessary, may remove my child from his/her assigned duties. I understand that no refund will be given if my child is removed from the C.I.T program.

Parent Signature: _____

Date: _____