

Applicant's name: _____

Parent Information: This page should be filled out by a parent/guardian.

Parent 1 Name _____	Parent 2 Name _____
Home Phone (____) _____ - _____	Home Phone (____) _____ - _____
Cell Phone (____) _____ - _____	Cell Phone (____) _____ - _____
Email address _____	Email address _____
Employer _____	Employer _____
Occupation _____	Occupation _____
Work Phone (____) _____ - _____	Work Phone (____) _____ - _____

This parent will be considered authorized to pick up the applicant unless specified otherwise here:

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Camper lives with (please circle): Mother Only Father Only Both Parents Guardian Other

Emergency Contact (other than parent/guardian): _____

Emergency phone number: (____) _____ - _____ Alternate Phone: (____) _____ - _____

This contact will be considered authorized to pick up the applicant unless specified otherwise here:

Mandatory Section

It is your responsibility to inform the camp office of anyone authorized to pick up your child. We will not release campers to anyone without written authorization and photo ID. If there are any custodial issues of which we should be aware, please inform the camp office in writing. These details will remain confidential but will enable us to act responsibly and within the law. Please have identification available at both check-in and check-out. Please list names and phone numbers of anyone authorized to pick up your child other than the parents or Emergency contact indicated above:

Please fill in all fees that apply:		
Annual YMCA Membership - Required - this amount is due upon registration If the applicant already has a 2012 YMCA membership, please indicate location	\$30	\$30
Leadership in Training Program Session A: June 24-July 21 Session B: July 22-August 18	\$1,900	
Bus Transportation (Please circle preferred stop): Fairfield, CT Bridgeport, CT Manhattan, NY White Plains NY Boston, MA Note: buses run on the following dates: Sunday Sunday Saturday 6/24 (To camp) 7/22 8/18 (From camp)	\$130/Round trip \$65/ To / From camp (circle one)	
Airport Pick-up and Drop-off All flights must land and depart from JFK or Hartford (Bradley) international airports. All flights must arrive and depart on Saturdays except for the beginning of session A.*	\$250/Round trip \$125/ To / From camp (circle one)	
Camp Store Spending Money: We suggest \$75 for 4-weeks; multiples of \$5 please		
Sibling Tuition Discounts: Each additional child \$30/week	-\$30/wk	
Donation to Strong Kids Campaign (Please see p. 4)		
Donation to Hi-Rock Forever Fund: Contributions to this fund are used specifically to improve and upgrade our facilities and equipment, and have a direct and immediate impact on each camper's experience. Please consider a donation today to help keep our camp strong.		
TOTAL - includes \$175 deposit		
\$175 Deposit Required w/ application (non-refundable)	-\$175	-\$175
Balance Due by May 1st (Total - Deposit)		

PAYMENT METHOD: (VISA/MasterCard/checks only)

- Deposit included; balance will be sent with check by May 1
- Deposit included; please use credit card for balance on May 1
- Use credit card for deposit; balance to be paid by check by May 1
- Use credit card for deposit now and balance on May 1
- Use credit card for monthly payments from now through May 1
- Use credit card now for full balance

Note: Registrations will not be processed without deposit and/or approved payment plan. Full Payment is due May 1.

Name on Card: _____
 Card # _____ - _____ - _____
 Exp ____/____ 3-digit CVV: _____ (back of card)
 Cardholder's Signature: _____
 Date: _____

LEADERS IN TRAINING 2012

Applicant's name: _____

Essay Questions

Please answer the following questions and attach as many sheets as are necessary to this application. You are welcome to either write or type your responses.

1. If you have attended, what have you gained from your experiences as a YMCA Camp Hi-Rock Camper?
2. Why do you want to be a LIT?
3. What special skills or talents do you have from which the other LITs will benefit?
4. What do you hope to learn or gain from this program?
5. What character qualities do you possess that would be important as a LIT?
6. If you ran a camp, what would be some of your goals and objectives?
7. What do you see as your greatest accomplishment? Why?
8. Describe your leadership experiences and/or list any leadership trainings you have attended.
9. Please list any extracurricular activities in which you participate.

Employment History List all work experience beginning with your current or most recent position.

Company Name _____ Employed From _____ To _____
Address (Street, City, State, Zip) _____
Name and Title of Immediate Supervisor _____ Telephone _____
Your Title _____ Reason for Leaving _____
Description of Responsibilities _____

Company Name _____ Employed From _____ To _____
Address (Street, City, State, Zip) _____
Name and Title of Immediate Supervisor _____ Telephone _____
Your Title _____ Reason for Leaving _____
Description of Responsibilities _____

Release and Personal Certification of LIT Applicant

A. I certify that all statements made by me on this application are true to the best of my knowledge and that I have not withheld anything that would, if disclosed, affect this application unfavorably. I understand and agree that any misrepresentation or omission of facts would exclude my being considered for the LIT program and may be cause for dismissal from YMCA Camp Hi-Rock. I grant permission to the YMCA to solicit and investigate statements from any person and/or organization with regard to my personal history and prior employment and agree to hold all persons harmless with respect to the information they may give, receive, or publish. I understand the YMCA will conduct a criminal and a sexual offender background check. I hereby waive any right to claim any request or investigation as an invasion of my privacy and will cooperate with any requests for information since they are made with my consent.

B. I certify that I have read the "Dear LIT Applicant and Parent" Letter, and I understand I may not be accepted into this program. If offered a placement, I will conscientiously abide by all camp rules and conditions of the program. I understand that when the program is over I will return home and may not be asked to stay on. I hereby acknowledge that I have read, understand, and agree with all of the above and that I voluntarily sign this application.

Signature of Applicant _____ Date _____

Release and Personal Certification of Parent:

I certify that I have read the "Release and Personal Certification of LIT Applicant" on this form and approve of all language, information, and privacy waivers listed as they pertain to my child. I approve of the YMCA conducting criminal and sexual offender background checks on my child. My child has my full approval to participate in the LIT program. I understand that my child will be living in a cabin with other campers and two staff members. I understand that my child may leave the camp property under the supervision of a staff member and give my permission for this to occur. I certify that I have read the "Dear LIT Applicant and Parent" Letter, and that I understand my child may not be accepted into this program. I understand that if accepted as a LIT, my child may not be asked to stay on as a volunteer after the program ends. I hereby acknowledge that I have read, understand, and agree with all of the above and that I voluntarily sign this application.

Signature of Parent _____ Date _____

Please note the following:

1. No camper will be admitted to camp without a completed Hi-Rock medical form documenting: a) a physical examination conducted within one year prior to attendance at camp & signed by a physician, b) a completed vaccination record showing current compliance with Massachusetts Public Health Code, and c) a copy of health insurance information.
2. The balance of all camp fees is due by May 1. After May 1, fees are only refundable if the camper is unable to attend for medical reasons verified in writing by a physician. **LITs who leave due to homesickness or violation of the Camper Code of Conduct will not be given a refund.**
3. Financial Aid forms are available upon request.
4. Changes to this form must be made in writing and submitted to the office, including session dates, transportation requests, and emergency contacts.

Health and Safety Policy Highlights

1. Daily medical care is provided by the medical staff in accordance with our standing orders from our consulting medical practice, Macony P.C.. Our medical staff is available 24 hours a day. A sick call is available periodically throughout the day for mildly ill campers. First aid kits are kept in the program areas and the campers' living areas. They are also carried on hikes and overnight trips. The majority of first aid will be administered by the medical staff. The general staff will administer first aid when necessary. Individuals administering first aid are qualified in at least basic first aid. Staff members will call for assistance in any situation where procedure is unclear.
2. Medications of any kind, including over-the-counter medications and vitamins, can only be administered with a current and complete YMCA Camp Hi-Rock Medication Administration Release form, signed by both the parent / guardian and the prescribing physician. All medications will be locked in the camp infirmary. All administration of medication will take place under the direct supervision of camp medical staff. Should a medication be required to be kept on the camper's person, a physician must provide a written authorization for the medication to be with the camper at all times (usually in the case of albuterol or epinephrine). YMCA Camp Hi-Rock has standing orders to administer some typical over-the-counter medications as deemed necessary by our medical staff, including Acetaminophen (Tylenol), Benadryl, milk of magnesia, oxygen, VoSol (ear drops), oral glucose, Chloraseptic, activated charcoal, and others as deemed necessary by our consulting physicians.
3. Emergency medical care is administered by the medical staff and, if necessary, campers will be transported to a hospital or doctor's office as necessary for further treatment. In the case where the camp emergency vehicle is inadequate given the patient's needs, or in any other case deemed necessary by camp staff, the Emergency Medical System will be activated.
4. The camp must comply with the regulations of the State of Massachusetts Department of Public Health and be licensed by the local Board of Health.
5. Copies of our background check, complete health care and discipline policies and our procedures for filing grievances may be made available to parents upon request.

Strong Kids Campaign:

At YMCA Camp Hi-Rock, we are able to offer a quality traditional camp experience at a reasonable price because of our annual support campaign. The money raised helps fund all youth programs offered at Camp Hi-Rock, it also bolsters our strong financial assistance fund. Please consider contributing to this effort to help maintain a strong camp for all children.

YMCA CAMP HI-ROCK LEADER IN TRAINING APPLICATION

**Return to: 162 East Street • Mt. Washington, MA 01258 • (413) 528-1227
Fax: (413) 528-4234 • Email: summer@camphirock.org**