



# YMCA CAMP HI-ROCK

## 2018 Day Camp

### Leadership Development Program

**Day Camp LDP APPLICANT INFORMATION (please print clearly)** Day Camp LDPs must 13-15 years old to participate in the program.

Name: \_\_\_\_\_ Gender: \_\_\_ Male \_\_\_ Female  
DOB(MM/DD/YY): \_\_\_\_/\_\_\_\_/\_\_\_\_ Age as of June 24, 2018: \_\_\_\_\_ Grade Fall 2018: \_\_\_\_\_  
Home Phone Number: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Cell Phone Number: (\_\_\_\_)\_\_\_\_-\_\_\_\_  
Home Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Survey Questions:**

Have you attended Camp Hi-Rock in the past? Yes No If yes, how many summers have you attended? \_\_\_\_\_  
Please list any allergies you have: \_\_\_\_\_ Are you a vegetarian? Yes No

**ESSAY QUESTIONS** Please answer the following questions and attach as many sheets as are necessary to this application.

1. If you have attended, what have you gained from your experiences as a YMCA Camp Hi-Rock camper?
2. What do you hope to learn or gain from this program?
3. What character qualities do you possess that would be important as an LIT?
4. What do you see as your greatest accomplishment? Why?
5. Please list any extracurricular activities in which you participate.

**PARENT/GUARDIAN 1 INFORMATION**

Parent / Guardian 1 Name \_\_\_\_\_ Home Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_  
Cell Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_ Email Address \_\_\_\_\_  
Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Work Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_  
This parent will be considered authorized to pick up the camper unless specified otherwise here:

**PARENT/GUARDIAN 2 INFORMATION**

Parent / Guardian 2 Name \_\_\_\_\_ Home Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_  
Cell Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_ Email Address \_\_\_\_\_  
Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Work Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_  
This parent will be considered authorized to pick up the camper unless specified otherwise here:

**EMERGENCY CONTACT/AUTHORIZED TO PICK-UP INFORMATION**

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.

Emergency Contact (other than parent/guardian): \_\_\_\_\_  
Emergency Phone Number (\_\_\_\_)\_\_\_\_-\_\_\_\_ Alternate Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_  
This contact will be considered authorized to pick up the camper unless specified otherwise here:

Please list names and phone numbers of anyone authorized to pick up your child other than the parents or emergency contact indicated above here: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Parent/Guardian Signature:** Please sign to indicate that all information above is true and accurate and that you have read the information on page 2 outlining important information regarding your child's stay at camp.

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

# YMCA CAMP HI-ROCK DC LDP PROGRAM 2018

**Camp For All** - Our YMCA understands families have different abilities to pay for summer camp. We are committed to making the life-changing experience of summer camp available to all. We have adopted a 4-tier pricing program for our summer overnight camp. Please consider the tier descriptions below and choose the tier that is most suitable for your family. No proof of financial need is needed for tiers 1 - 3. Your selection is confidential and will not affect your child's experience at camp in any way.

<b>Tier 1</b> - Most accurately reflects the true cost of camp including, but not limited to, general overhead, equipment and facility maintenance, capital improvements and staffing. If you are able to pay this amount, please do so.	<b>Tier 2</b> - Reflects the basic cost of attending camp including food, staff, program supplies and limited maintenance expenses. This partially subsidized rate is made possible through the efforts of our hard-working volunteers and loyal donors.	<b>Tier 3</b> - Is a more significantly subsidized rate for families whose children would not otherwise be able to attend camp. It is always our desire to partner with parents in providing a camp experience.	<b>Tier 4</b> - Is offered to campers with demonstrated need who qualify for financial assistance through our Strong Kids Campership Program.
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DC LDP Programs	Tier 1	Tier 2	Tier 3	Tier 4
Leadership Development Program July 9-20	<input type="checkbox"/> \$ 510	<input type="checkbox"/> \$ 475	<input type="checkbox"/> \$ 450	<input type="checkbox"/> Tier 4: Please complete Financial Assistance Application

<b>Bus Transportation</b> No charge	Bus/van transportation is included in the day camp fees. Please mark your desired pick-up/drop-off site. The route times and locations will follow in your Day Camp Parent Handbook. Sites will ultimately depend on interest and availability. Please indicate "AM" - Morning "PM" - Afternoon "BOTH" - Morning and Afternoon bus ___ Sheffield ___ Austerlitz ___ Hillsdale ___ S. Egremont ___ Stockbridge ___ Gt. Barrington (Big Y) ___ Gt. Barrington (Price Chopper) ___ Salisbury ___ Mt. Washington ___ Other: _____
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<b>"Opt-out" Meal Plan</b> \$27/week	Your camper will be automatically enrolled in the meal plan unless otherwise indicated here (Please contact the office before the start of camp to make any changes): Please indicate number of meal plan weeks requested _____ OR Check here to opt-out _____
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<p>Please consider a contribution to one of our annual support campaigns described below. Camp is possible because of you!</p> <p><b>Annual Campaign</b> The Annual Campaign helps make it possible for Camp Hi-Rock to offer a high quality traditional camp experience at a subsidized rate for all children. Funds from the campaign support all youth programs and the Strong Kids Campership Program which provides financial assistance to campers in need. Please consider contributing to this effort to help Hi-Rock provide a strong camp for all children.</p> <p><input type="checkbox"/> Donation Amount \$ _____</p> <p><b>Hi-Rock Forever Fund</b> Contributions to this fund are used to maintain and improve our facilities and equipment and have a direct and immediate impact on each camper's experience. Please consider a donation today to help build and maintain vital facilities and equipment for Hi-Rock campers.</p> <p><input type="checkbox"/> Donation Amount \$ _____</p>	<p>Please use this space to calculate your fees</p> <p><b>Annual YMCA Membership - required</b> \$ 30 If your camper already has a current facility membership, please write the name and location of the facility here: _____</p> <p><b>Session Fees</b> (total from above) \$ _____</p> <p><b>Camp Store Deposit</b> \$ _____ We suggest \$40 per 2-week session; multiples of \$5 please.</p> <p><b>Day Camp Lunch</b> \$ _____ Add \$27/week if you are requesting lunch.</p> <p><b>Annual Campaign Donation</b> \$ _____</p> <p><b>Hi-Rock Forever Fund Donation</b> \$ _____</p> <hr/> <p><b>Total Due</b> (add all fees above) \$ _____</p> <p><b>\$75 non-refundable deposit</b> \$ -75 Subtract from total due</p> <p><b>Balance due by JUNE 1, 2018</b> \$ _____</p>	<p><b>Payment Method - VISA/MasterCard/AMEX/Check</b></p> <p><b>Please choose payment option below</b> Note: Registrations will not be processed without deposit and/or approved payment plan. <b>Full payment is due JUNE 1.</b></p> <p><input type="checkbox"/> Deposit included; balance will be sent by check <b>JUNE 1</b></p> <p><input type="checkbox"/> Deposit included; use credit card for balance <b>JUNE 1</b></p> <p><input type="checkbox"/> Use credit card for deposit; balance to be paid by check <b>JUNE 1</b></p> <p><input type="checkbox"/> Use credit card for deposit now and balance <b>JUNE 1</b></p> <p><input type="checkbox"/> Use credit card for monthly payments from now through <b>JUNE 1</b></p> <p><input type="checkbox"/> Use credit card now for full balance</p> <p><input type="checkbox"/> <b>Application for financial assistance is included with registration</b></p> <hr/> <p><b>Name on Card</b> _____</p> <p><b>Card # (VISA/MasterCard/American Express Only)</b> _____</p> <p><b>Expiration Date</b> _____</p> <p><b>Cardholder Signature</b> _____ <b>Date</b> _____</p>
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**Please note the following excerpts from the Parent Handbook and sign page 1 acknowledging you have read the information**

The full Parent Handbook can be found on our website at <http://www.camphirock.org/resources.php>.

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. All camp balances are due by June 1. After the due date, fees are only refundable if camper is unable to attend for medical reasons verified in writing by a physician. **Campers who leave due to homesickness or violation of the Camper Code of Conduct will not be given a refund.**
3. Financial assistance application 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, emergency contacts, specialty activity sign ups, and cabin mate requests.
5. The camp administration will make every attempt to ensure that campers are placed in cabins with other children of the same grade and/or level of social and emotional development. Parents are welcome to contact us to provide any information that will be helpful to this effect. Campers should not expect to be placed in any particular unit since the overall distribution of ages varies each year and each session, depending on enrollment.

**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. Medications given per standing orders do not require a Medication Administration Release.
3. Emergency medical care is administered by the medical staff, and, if necessary, campers will be transported to a hospital or doctor's office 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 are available to parents upon request.

**Financial Assistance Application**

Financial Assistance Applications are due April 1st. Applications received after April 1st will only be processed as time allows and may not qualify for assistance for the 2018 season.