



YMCA CAMP HI-ROCK 2020 LIT Application Form

LIT APPLICANT INFORMATION (please print clearly)

Name: _____ Gender: Male Female
 DOB(MM/DD/YY): ____/____/____ Age as of June 28, 2020: _____ Grade Fall 2020: _____
 Home Phone Number: (____)____-____ Cell Phone Number: (____)____-____
 Home Mailing Address: _____
 City: _____ State: _____ Zip: _____ Country: _____ Email Address: _____

Have you ever been convicted of a criminal offense? Yes No If yes, please explain:

Education Information: LITs must have completed their sophomore year or be 16 by the start of summer.

High School Name: _____ Phone Number: _____
 High School Address: _____

Session Preference: Leader In Training Program Sessions A & B. Please indicate which program session you would like to attend.
 LIT Program A June 28 - July 25 _____ LIT Program B July 26 - August 22 _____

Are you available for all four LIT weeks? Yes No

SURVEY QUESTIONS

How did you first hear about us?

Friend/Family* Hi-Rock Website Other Website* A.C.A. Camp Fair* YMCA* Publication* Newspaper* Facebook Instagram
 Other: _____ *Please indicate the name of the above (i.e. which newspaper, YMCA, friend etc.): _____

Camper lives with: Mother Only Father Only Both Parents (Same Household) Both Parents (Separate Households) Guardian Other

Part of our mission at Camp Hi-Rock is to ensure that our camp community represents the diverse communities we serve. In order to measure our efforts, we ask that you answer the following optional question.

Race: White Black/African-American Hispanic/Latino Asian American Indian or Alaskan Native Native Hawaiian or other Pacific Islander
 Two or more races Other: Please Indicate _____

List all certifications you currently have or will have by the start of the summer. Copies will need to be provided upon arrival.

Certification	Exp. Date	Certification	Exp. Date	Certification	Exp. Date

PARENT/GUARDIAN 1 INFORMATION

Parent / Guardian 1 Name _____ Home Phone (____)____-____
 Cell Phone (____)____-____ Email Address _____
 Employer _____ Occupation _____ Work Phone (____)____-____

PARENT/GUARDIAN 2 INFORMATION

Parent / Guardian 2 Name _____ Home Phone (____)____-____
 Cell Phone (____)____-____ Email Address _____
 Employer _____ Occupation _____ Work Phone (____)____-____

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. Changes must be made in writing to camp staff.

Parent/Guardian 1 Authorized to Pick Up Yes No Parent/Guardian 2 Authorized to Pick Up Yes No

Additional Authorized to Pick Up Information (Please list all names and phone numbers of people authorized to pick up your child)

EMERGENCY CONTACTS AND MEDICAL INFORMATION

Once your camper has been enrolled through our online registration system, you will receive access to the Parent Dashboard where you will enter important emergency contact and medical information. Please complete the online and printed forms in a timely manner after receiving your "Confirmation of Registration" email. Campers will not be permitted to remain at camp without the necessary medical information completed. Initial here to acknowledge you have read the above statement _____ (Parent/Guardian Initials)

IMPORTANT - PLEASE NOTE

- Applicants must submit a completed application, essay responses, and participate in a phone interview to be accepted as an LIT.
- Once accepted, the LIT will be mailed additional materials to finalize program registration. LITs are not able to register for camp through the normal Camper Registration Form.
- The law requires us to conduct criminal offender (CORI) and sexual offender (SORI) checks on all persons who are 17 or older.
- The "Dear LIT Applicant and Parent" Letter contains important information concerning the responsibilities of the LITs and other elements of the program. Both the applicant and the parent should read that letter (available online) before signing this application.

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 an LIT?

3. What do you hope to learn or gain from this program?

4. What character qualities do you possess that would be important as an LIT?

5. If you ran a camp, what would be some of your goals and objectives?

6. What do you see as your greatest accomplishment? Why?

7. Describe your leadership experiences and/or list any leadership trainings you have attended.

8. Please list any extracurricular activities in which you participate.

EMPLOYMENT HISTORY List all work experience beginning with your current or most recent position. If none, leave blank.

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 _____

YMCA CAMP HI-ROCK

LIT PROGRAM 2020

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.

Tier 1 - 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.

Tier 2 - 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.

Tier 3 - 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.

Tier 4 - Is offered to campers with demonstrated need who qualify for financial assistance through our Strong Kids Campership Program.

LIT Programs	Tier 1	Tier 2	Tier 3	Tier 4
Program A 6/28 - 7/25	<input type="checkbox"/> \$ 2,730	<input type="checkbox"/> \$ 2,529	<input type="checkbox"/> \$ 2,351	<input type="checkbox"/> Tier 4: Please complete Financial Assistance
Program B 7/26 - 8/22	<input type="checkbox"/> \$ 2,730	<input type="checkbox"/> \$ 2,529	<input type="checkbox"/> \$ 2,351	

Bus Transportation \$164 Round Trip \$82 One-Way	Please specify location and date Transportation is available on the following dates (both to and from camp): <input type="checkbox"/> Sunday 6/28 (to camp only) <input type="checkbox"/> Sunday 7/26 <input type="checkbox"/> Saturday 8/22 (from camp only) <input type="checkbox"/> Fairfield <input type="checkbox"/> Bridgeport <input type="checkbox"/> Manhattan <input type="checkbox"/> White Plains <input type="checkbox"/> Boston				
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Airport Transportation \$310 Round Trip \$155 One-Way	All flights must be scheduled with office in advance, and land and depart from JFK or Hartford (Bradley) International Airports . All flights must arrive and depart on Saturdays except for session 1 (session 1 check-in flights should arrive on Sunday, June 24). If other airports or incorrect days are requested a higher charge may be incurred. Please indicate if airport transportation is requested <input type="checkbox"/> To Camp <input type="checkbox"/> From Camp <input type="checkbox"/> Round Trip				
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Please consider a contribution to one of our annual support campaigns described below. Camp is possible because of you!

Annual Campaign 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.

Donation Amount \$ _____

Hi-Rock Forever Fund 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.

Donation Amount \$ _____

Please use this space to calculate your fees

Annual YMCA Membership - required	\$ 30
If your camper already has a current facility membership, please write the name and location of the facility here: _____	
Session Fees (total from above)	\$ _____
Bus Transportation	\$ _____
Airport Transportation	\$ _____
Camp Store Deposit	\$ _____
We suggest \$40 per 2-week session; multiples of \$5 please.	
Sibling Tuition Discounts	\$ _____
Subtract \$30 per week for each additional child	
Annual Campaign Donation	\$ _____
Hi-Rock Forever Fund Donation	\$ _____
Total Due (add all fees above)	\$ _____
\$175 non-refundable deposit	\$ -175
Subtract from total due	
Balance due by JUNE 1, 2020	\$ _____

Payment Method - VISA/MasterCard/AMEX/Check

Please choose payment option below
 Note: Registrations will not be processed without deposit and/or approved payment plan.
Full payment is due JUNE 1.

Deposit included; balance will be sent by check **JUNE 1**

Deposit included; use credit card for balance **JUNE 1**

Use credit card for deposit; balance to be paid by check **JUNE 1**

Use credit card for deposit now and balance **JUNE 1**

Use credit card for monthly payments from now through **JUNE 1**

Use credit card now for full balance

Application for financial assistance is included with registration. No deposit due until offer letter received.

Name on Card _____

Card # (VISA/MasterCard/American Express Only) _____

Expiration Date _____

Cardholder Signature _____ Date _____

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 excerpts from the Parent Handbook and sign page 3 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.
6. Please be sure to read all medical information forms on the Parent Dashboard.

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 2020 season.

YMCA CAMP HI-ROCK

LEADER IN TRAINING APPLICATION

Return to: 544 East Street • Mt. Washington, MA 01258 • (413) 528-1227

Fax: (413) 528-4234 • Email: camperservice@camphirock.org