



YMCA CAMP HI-ROCK 2019 WINTER CAMP REGISTRATION FORM

CAMPER INFORMATION (please print clearly)

Camper's Name: _____ Gender: Male Female
DOB(MM/DD/YY): ____/____/____ Current Grade : _____ Camper Email: _____
Home Mailing Address: _____
City: _____ State: _____ Zip: _____ Country: _____ Home Phone Number: (_____) _____ - _____
Camper lives with: Mother Only Father Only Both Parents (Same Household) Both Parents (Separate Households) Guardian Other
(Optional): Send mail to alternate / additional address specified here:

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: _____

THINGS WE SHOULD KNOW

How did you first hear about us?

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

Has your camper **been to Camp Hi-Rock** in the past? Yes No

Optional Cabin bunk mate request (limit of two): _____

We will try to honor your request, but do not guarantee that we will be able. No more than 2 year age gap. To ensure the best chance for your child to bunk with his/her friend please make sure both families make the request (limit two).

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

Sign: _____ Date: _____

Winter Camp Registration Policies

1. The balance of winter camp fees is due by March 8. After March 8 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.**
2. Financial Aid forms are available upon request.
3. Changes to this form must be made in writing and submitted to the office, including session dates, transportation requests, and emergency contacts.

WINTER CAMP 2019 March 8-10

Winter Camp is available for children currently in grades 2-10.

Our 1,000 acre mountain home is the perfect setting for an exciting and rewarding winter adventure for children currently in grades 2-10. Here at YMCA Camp Hi-Rock, we offer all of our winter campers the opportunity to participate with friends their own age in programs which encourage them to be active and creative while having fun and developing the character values of caring, honesty, respect, and responsibility.

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 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 required 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. |
|--|--|---|---|

| Winter Camp | Tier 1 | Tier 2 | Tier 3 | Tier 4 |
|---|--|---------------------------------|---------------------------------|--|
| March 8-10 | <input type="checkbox"/> \$ 175 | <input type="checkbox"/> \$ 150 | <input type="checkbox"/> \$ 125 | <input type="checkbox"/> Financial Aid Request |
| Drop off/ Pick-up | Drop off: Campers may be dropped off at camp between 4:30-6pm on March 8. Pick-up: Campers may be picked up from camp between 1-2pm on March 10. | | | |
| Bus Transportation <small>Limited bus transportation is included. Register by Feb. 15th to secure bus transportation.</small> | Please specify location and direction <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> _____ Fairfield, CT to Camp _____ Camp to Fairfield, CT </div> <div style="text-align: center;"> _____ Great Barrington, MA to Camp _____ Camp to Great Barrington, MA </div> </div> | | | |
| Camp Store | Some merchandise from the camp store will be available for purchase during the weekend. If you would like to create a store deposit for your camper, please indicate the amount below. | | | |

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|--|---|--|
| Please consider a contribution to one of our annual support campaigns described below. Camp is possible because of you! | Please use this space to calculate your fees | Payment Method - VISA/MasterCard/AMEX/Check |
| 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 provides financial assistance to campers in need. Please consider contributing to this effort to help Hi-Rock provide a strong camp for all children. | Winter Camp Fees \$ _____ Camp Store Deposit \$ _____ Annual Campaign Donation \$ _____ Hi-Rock Forever Fund Donation \$ _____ | Please choose payment option below <small>Note: Registrations will not be processed without deposit and/or approved payment plan.</small> Full payment is due March 8. ___ Check for deposit included; balance to be pd. by check ___ Use credit card for deposit now AND balance March 8 ___ Use credit card now for full balance ___ Application for financial assistance is included with registration |
| 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. | Total Due (add all fees above) \$ _____ \$50 deposit \$ <u>-50</u> Balance due by March 8, 2019 \$ _____ | _____ Name on Card _____ Card # (VISA/MasterCard/American Express Only) / _____ Expiration Date _____ Cardholder Signature _____ Date |

Medical Form Requirements and Notes

- No camper will be admitted to camp without a completed Hi-Rock medical form documenting: a.) A physical examination conducted within 12 months 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.
- If your camper will also be attending summer overnight or day camp, all completed medical forms will be valid for the summer as well as winter camp. If your camper attended in 2018, their physical may still be valid. Please contact the office to check if you believe the camper physical is still valid.

Health and Safety Policy Highlights

- Daily medical care is provided by our trained staff in accordance with our standing orders from our consulting medical practice, Macony P.C.. Our 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. The majority of first aid will be administered by the First Aid certified 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.
- 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 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 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.
- Emergency medical care is administered by the 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.
- 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.
- 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.