



YMCA CAMP HI-ROCK

2024 OVERNIGHT CAMP AND BOLD & GOLD REGISTRATION FORM

CAMPER INFORMATION (please print clearly)

Camper's Name _____ Gender _____
 DOB(MM/DD/YY) ____/____/____ Grade in Fall 2024 ____ Camper Email _____
 Home Mailing Address: _____
 City _____ State ____ Zip _____ Country _____ Home Phone Number _____

PARENT/GUARDIAN 1 INFORMATION

Name _____ Email Address _____
 Home Phone _____ Cell Phone _____ Work Phone _____
 Employer _____ Occupation _____

PARENT/GUARDIAN 2 INFORMATION

Name _____ Email Address _____
 Home Phone _____ Cell Phone _____ Work Phone _____
 Employer _____ Occupation _____

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.

Is Parent/Guardian 1 authorized to pick up? Yes No Is 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)

Emergency Contact 1 Name _____ Phone Number _____ Authorized to pick up Yes No
 Emergency Contact 2 Name _____ Phone Number _____ Authorized to pick up 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
 *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 Race not listed: Please Indicate _____ Prefer not to respond

Optional for Overnight Camp Only 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 1 year age gap. To ensure the best chance for your child to bunk with their friend, please make sure both families make the request (limit two). See page 4 for more information.

Parent/Guardian Signature: Please sign to indicate that all information above is true and accurate and that you have read the information on page 4 outlining important information regarding your child's stay at camp and/or on a BOLD & GOLD Outdoor Leadership Trip.

Signature: _____ Date: _____

Camp For All Tiered Pricing Explained

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 and BOLD & GOLD Outdoor Leadership trips available to all. We have adopted a 4-tier pricing program for our summer 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.

Overnight Camp 2024

Overnight Camp is available for children age 7 - 16.

Two Week Sessions	Tier 1	Tier 2	Tier 3	Tier 4
Session 1 - 6/23 - 7/6	\$ 2,774	\$ 2,409	\$ 2,245	Complete Campership Application
Session 2 - 7/7 - 7/20	\$ 2,774	\$ 2,409	\$ 2,245	
Session 3 - 7/21 - 8/3	\$ 2,774	\$ 2,409	\$ 2,245	
Session 4 - 8/4 - 8/17	\$ 2,774	\$ 2,409	\$ 2,245	
One Week Sessions	Tier 1	Tier 2	Tier 3	Tier 4
Session 1 can be split into 1-week sessions (A and/or B). First time campers who are choosing a 1-week session are recommended to choose week "A".				
Week 1A - 6/23 - 6/29	\$ 1,602	\$ 1,390	\$ 1,275	Complete Campership Application
Week 1B - 6/30 - 7/6	\$ 1,602	\$ 1,390	\$ 1,275	
Week 3A - 7/21 - 7/27	\$ 1,602	\$ 1,390	\$ 1,275	
Week 3B - 7/28 - 8/3	\$ 1,602	\$ 1,390	\$ 1,275	
Week 4A - 8/4 - 8/10	\$ 1,602	\$ 1,390	\$ 1,275	

BOLD & GOLD Outdoor Leadership Trips 2024

BOLD & GOLD Outdoor Leadership Trips are available for children grades 6-12 (see below for individual trip requirements).

If you would like to combine a one-week BOLD GOLD trip with a week of overnight camp, please also select the week of overnight camp you would like. If your preferred week is not available, please contact tanya@camphirock.org. Two-week session fee will apply to BOLD GOLD trips combined with 1-week of overnight camp.

Appalachian Trail Expedition	Tier 1	Tier 2	Tier 3	Tier 4
Grades 7-10				
Week 1B - 6/30 - 7/6 - Girls	\$ 1,602	\$ 1,390	\$ 1,275	Complete Campership Application
Week 3B - 7/28 - 8/33 - Boys	\$ 1,602	\$ 1,390	\$ 1,275	
Week 4B - 8/11 - 8/17 - All Gender	\$ 1,602	\$ 1,390	\$ 1,275	
Camp & Hike	Tier 1	Tier 2	Tier 3	Tier 4
Grades 6-8				
Week 2B - 7/14 - 7/20 - All Gender	\$ 1,602	\$ 1,390	\$ 1,275	Complete Campership Application
Canoe	Tier 1	Tier 2	Tier 3	Tier 4
Grades 7-10				
Week 1A - 6/23 - 6/29 - Boys	\$ 1,602	\$ 1,390	\$ 1,275	Complete Campership Application
Week 4A - 8/4 - 8/10 - Girls	\$ 1,602	\$ 1,390	\$ 1,275	
Advanced Canoeing Expedition	Tier 1	Tier 2	Tier 3	Tier 4
Grades 9-12				
Week 3A - 7/21 - 7/27 - All Gender	\$ 1,602	\$ 1,390	\$ 1,275	Complete Campership Application
Advanced Backpacking Expedition	Tier 1	Tier 2	Tier 3	Tier 4
Grades 9-12				
Week 2A - 7/7 - 7/13 - All Gender	\$ 1,602	\$ 1,390	\$ 1,275	Complete Campership Application

Campership Applications

Campership 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 2024 season. In order to apply for a campership, you must submit a completed registration form along with the campership application and required income documentation. Campership applications can be found: <https://camphirock.org/resources/>

OVERNIGHT CAMP & BOLD & GOLD Transportation

Bus Transportation	If requesting bus transportation, please specify location and date Transportation is available on the following dates (both to <u>and</u> from camp):
\$208 Round Trip \$104 One-Way	DATES: <input type="checkbox"/> Sunday 6/23 (to camp only) <input type="checkbox"/> Sunday 7/7 <input type="checkbox"/> Sunday 7/21 <input type="checkbox"/> Sunday 8/4 <input type="checkbox"/> Saturday 8/17 (from camp only) LOCATIONS: <input type="checkbox"/> Fairfield <input type="checkbox"/> Bridgeport <input type="checkbox"/> Manhattan <input type="checkbox"/> White Plains <input type="checkbox"/> Boston

For additional details about transportation dates and locations, please see the transportation section of our website here:
<https://camphirock.org/parents/register/>.

BOLD & GOLD Bus Transportation note: Bus transportation runs on a two-week schedule. If alternate dates are requested, please contact tanya@camphirock.org.

Airport Transportation	All flights must be scheduled with office in advance. Flights must land and depart from JFK or Hartford (Bradley) International Airports preferably with U.S. arrival/departure times at mid-day . All flights must arrive and depart on Saturdays except for session 1 (session 1 check-in flights should arrive on Sunday, June 23). If other airports or incorrect days are requested a higher charge may be incurred.
\$392 Round Trip \$196 One-Way	Please indicate if airport transportation is requested: <input type="checkbox"/> To Camp <input type="checkbox"/> From Camp <input type="checkbox"/> Round Trip

To arrange flight details, please contact tanya@camphirock.org.

OVERNIGHT CAMP Additional Options

*Not applicable to campers only registering for BOLD & GOLD Outdoor Leadership Trips

Waterski Weeks \$195 per week	Instruction for all skill levels: instructional boom, slalom, wake boarding, knee boarding. Skiers must be intermediate level swimmers. Two and a half times around our 90 acre lake per day for a five day week. Please indicate number of waterski weeks requested _____
Camp Store	We suggest \$50 per two-week session. Multiples of \$5 available. Camp Store Deposit Amount \$ _____

YMCA Camp Hi-Rock Annual Support Campaigns (optional)

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 \$ _____
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Totals & Payment

Use this space to calculate your fees	Annual YMCA Membership (\$30 per camper or \$60 per family) \$ <u>30</u> If your camper already has a current facility membership, please write the name and location of the facility here: _____ Session Fees (total from page 2) \$ _____ Bus Transportation \$ _____ Airport Transportation \$ _____ Waterski weeks (# weeks x \$195) \$ _____ Camp Store Deposit \$ _____	Sibling Tuition Discounts \$ _____ Subtract \$30 per week for each additional child Annual Campaign Donation \$ _____ Hi-Rock Forever Fund Donation \$ _____ Total Due (add all fees) \$ _____ \$175 non-refundable deposit due now \$ _____ (subtract from Total Due above) Balance due by JUNE 1, 2024 \$ <u>-175</u>
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Payment Details - Full payment is due by JUNE 1	Payment Option Selections	Credit Card Payment Details	EFT Payment Details
	PLEASE CHOOSE DEPOSIT METHOD -DUE NOW <input type="checkbox"/> VISA/MasterCard/AMEX <input type="checkbox"/> Check <input type="checkbox"/> EFT PLEASE CHOOSE BALANCE METHOD <input type="checkbox"/> VISA/MasterCard/AMEX <input type="checkbox"/> Check <input type="checkbox"/> EFT BALANCE PAYMENT PLAN OPTION <input type="checkbox"/> Pay full balance now <input type="checkbox"/> Balance due June 1 <input type="checkbox"/> Balance due monthly until June 1 <input type="checkbox"/> Balance due bi-weekly until June 1 <input type="checkbox"/> Other payment plan (contact office to set up payment agreement) <input type="checkbox"/> Application for campership is included with registration. No deposit due until offer accepted. BALANCE PAYMENT OPTION <input type="checkbox"/> Auto-pay to payment method chosen above OR <input type="checkbox"/> Receive invoice reminder	Name on Card _____ Card Type: <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover Card # _____ Expiration Date _____ Cardholder Signature _____ Date _____	Name on Account _____ Routing Number (9-digit bank routing number) _____ Bank Name _____ Account Number _____ Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings Account holder signature _____ Date _____

Please note the following excerpts from the Parent Handbook and sign page 1 acknowledging you have read this 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. **Camper 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.

Additional Programs at Camp Hi-Rock

Leader In Training Program - Program A: 6/23 - 7/20; Program B: 7/21 - 8/17 The LIT program is a four-week program for sixteen year-olds or teens entering their junior year of high school. Participants will develop leadership skills through a variety of activities with an emphasis on working with children. LITs attend workshops addressing topics including child development stages, positive leadership tactics, and the role of a camp counselor. LITs will practice their skills by working with campers under the supervision of camp staff. The fee for each four-week program is listed on the LIT Application. For more information, please visit: <http://camphirock.org/camps/overnight-camp/lit-program/>

Camp Hi-Rock Activities

*Enrollment in certain activities is limited according to age and swimming ability.
*High ropes participants must be 12 years old or over. ** Some aquatic activities require an advanced swim level.*

A Cappella	Fishing	Low Ropes Course	Soccer
Archery	Fitness	Martial Arts	Swimming
Arts & Crafts	Flag Football	Outdoor Living Skills	Tennis
Basketball	Floor Hockey	Paddle boarding**	Ukulele
Canoeing	Frisbee Golf	Reading	Volleyball
Cooking	Geocaching	Rock Climbing	Wakeboarding **
Creative Writing	High Ropes Course*	Rocketry	Waterskiing**
Dance	Hiking	Row Boating	Yoga
Digital Photography	Kayaking **	Sailing**	
Drama	Kickball	Snorkeling**	and more!

Mail completed registration forms to:

YMCA Camp Hi-Rock
ATTN: Camper Registration
544 East Street
Mount Washington, MA 01258

Fax completed registration forms to:

413-528-4234

Email completed registration forms to:

tanya@camphirock.org

2024 Camper Medical Profile

Camper Name	
Gender	
Age	
Date of birth	

Home address	
Home phone	
Summer home address	
Summer home phone	

Parent/Guardian Information

Parent/Guardian 1 Name	
Cell phone	
Work phone	

Parent/Guardian 2 Name	
Cell phone	
Work phone	

Emergency Contact Information

Emergency Contact 1 Name	
Relationship	
Phone number 1	
Phone number 2	

Emergency Contact 2 Name	
Relationship	
Phone number 1	
Phone number 2	

Basic information

Height	
Weight	

Diet information

Diet type	
Diet notes	

Restrictions

Restrictions?	
Restrictions notes	

Doctor information

Doctor name	
Doctor phone	

Dentist information

Dentist name	
Dentist phone	

Orthodontist information

Orthodontist name	
Orthodontist phone	

Insurance Information

Insured?	
Insurance provider	
Insurance provider phone	
Insurance group number	

Insurance policy number	
Insurance subscriber name	
Insurance subscriber DOB	

Forbidden OTCs

Medication Name	Notes

Allergies

Allergy	Notes

Sun Protection and Bug Repellant Policy and Parental Permission

In order to prevent bites from ticks, mosquitos, and other insects while at camp, Hi-Rock will have one of The Center for Disease Control (CDC) recommended and Environmental protection agency (EPA) registered bug repellents (listed below) available for use as directed on product label. ~DEET ~Picaridin (known as KBR 3023 and picaridin outside the US) ~IR3535 ~Oil of lemon eucalyptus (OLE) ~Para-menthane-diol (PMD) ~2-undecanone ~Permethrin treated clothing

CAMP BUG REPELLANT POLICY: Campers will not be required to apply bug repellent, but will be reminded to apply, particularly when entering the woods for a hike, through verbal reminders and signage in cabins and bath houses. Additionally, campers are welcome to bring, carry, and apply a bug repellent of their parent/guardian’s choosing. With parental permission, staff may assist campers in applying bug repellent if campers are not capable.

Please respond yes if you would like your camper to be able to use bug repellent and/or allow staff to assist camper with the application of bug repellent if needed. Please respond no if you would not like your camper to use bug repellent while at camp.	Yes__ No __
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CAMP SUNSCREEN POLICY: Campers will be encouraged to reduce exposure to ultraviolet light exposure from the sun through the use of wide brim hats, long-sleeve shirts, long pants, screens with a solar protection factor of 25 or greater, and solar protective lip balm through verbal reminders and signage in cabins, bathhouses, at the waterfront and at the waterski dock. Sunscreen with SPF 25 or greater will be provided. With parental permission, staff may assist campers in applying sunscreen if the campers are not capable. Additionally, campers are welcome to bring, carry, and apply a sunscreen of their parent/guardian’s choosing.

Please respond yes if you would like your camper to be able to use sunscreen and allow staff to assist camper with the application of sunscreen if needed. Please respond no if you would not like your camper to use sunscreen while at camp.	Yes__ No __
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Camper health history

Ever been hospitalized?	Yes ___ No ___	Ever had surgery?	Yes ___ No ___
Have recurrent/chronic illnesses?	Yes___ No ___	Had a recent infectious disease?	Yes___ No ___
Had a recent injury?	Yes___ No ___	Had asthma/wheezing/shortness of breath?	Yes___ No ___
Have diabetes?	Yes___ No ___	Had seizures?	Yes___ No ___
Had headaches?	Yes___ No ___	Wear glasses contacts or protective eyewear?	Yes___ No ___
Had fainting or dizziness?	Yes___ No ___	Passed out/had chest pain during exercise?	Yes___ No ___
Had mononucleosis (mono) during the past 12 months?	Yes___ No ___	Have problems with periods/menstruation (if applicable)?	Yes___ No ___
Have problems with falling asleep/sleepwalking?	Yes___ No ___	Ever had back/joint problems?	Yes___ No ___
Have a history of bedwetting?	Yes___ No ___	Have problems with diarrhea/constipation?	Yes___ No ___
Have any skin problems?	Yes___ No ___	Traveled outside the country in the past 9 months?	Yes___ No ___
General health history notes			
Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)?	Yes___ No ___	Ever been treated for emotional or behavioral difficulties or an eating disorder?	Yes___ No ___
During the past 12 months, seen a professional to address mental/emotional health concerns?	Yes___ No ___	Had a significant life event that continues to affect them?	Yes___ No ___
Mental health history notes			
Does your camper have any current physical, mental or psychological conditions requiring medication, treatment or special restrictions or considerations while at camp?		Please describe the condition and any treatment, restrictions or considerations needed while the camper is at camp:	

Parent / Guardian Authorization For Health Care

This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of the applicant for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this applicant. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of the applicant's health record from providers who treat the applicant and these providers may talk with the program's staff about the applicant's health status.

Signature:	Date:
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Camper Name: _____ DOB: _____

Medical History: To be completed by a physician.

Physician may either complete the immunization history below OR attach a Certificate of Immunization to the completed medical history form.

Vaccine date	#1 date	#2 date	#3 date	#4 date	#5 date	#6 date
Polio						
Hepatitis B						
MMR (measles, mumps, rubella)						
DTP (diphtheria, tetanus, pertussis)						
Td/Tdap (if more than ten years have lapsed since last DTP)						
Chicken Pox						
Other _____						

Please list any allergies including reaction and treatment (drug, food and environmental):

Current medications (MEDICATION ADMINISTRATION RELEASE FORM MUST BE COMPLETED BY PRESCRIBING DOCTOR):

Medical history/conditions that may affect the camper's activities while at camp:

Activities encouraged or limited by physician:

TB: In high-risk group?

High:

PPD date (if applicable, not required unless high risk): _____ PPD Result (if required): _____

Low

Physician's Examination (physical must have been completed within 12 months prior to camper's stay at camp):

Date of most recent physical exam: _____

Blood Pressure: _____/_____ Pulse: _____ Height: _____ Weight: _____

Physical Development:

I have completed the above and have examined the individual. In my opinion, the condition of the person listed above does not preclude his/her participation in an active camp program. I have screened the individual for active signs of tuberculosis.

Licensed Physician's Signature: _____

YMCA Camp Hi-Rock Minor Participant Waiver, Release, Indemnification of All Claims, Covenant Not to Sue, Permissions & Acknowledgments

PLEASE READ CAREFULLY. THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS AND IS LEGALLY BINDING. BY SIGNING THIS AGREEMENT YOU ARE RELEASING YMCA CAMP HI-ROCK AND THE CENTRAL CONNECTICUT COAST YMCA FROM ALL LIABILITY AND FOREVER GIVING UP ANY CLAIMS THEREFORE

Assumption of Risk: I, in my legal capacity as parent/guardian of the minor named below ("Minor"), acknowledge and agree that any use of YMCA Camp Hi-Rock or Central Connecticut Coast YMCA facilities, services, equipment and premises ("Facilities") and any participation in YMCA Camp Hi-Rock or Central Connecticut Coast YMCA programs and activities ("Programs") comes with inherent risks including, but in no way limited to: (1) moderate and severe personal injury, (2) property damage, (3) disability, (4) death, and (5) sickness or disease. I voluntarily, for myself and Minor, accept and assume full responsibility for these risks as well as any and all other risks of the use of Facilities and participation in Programs. I agree that I have full knowledge of the nature and extent of all such risks and am not relying on all such risks being described in this document.

Waiver, Release, Indemnification & Covenant Not to Sue In consideration of Minor's use of Facilities and participation in Programs I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor that YMCA Camp Hi-Rock and the Central Connecticut Coast YMCA, their officers, directors, agents, employees, volunteers, insurers and representatives ("Releasees") will not be liable for any personal injury, property damage, disability, death, sickness or disease incurred by Minor, however occurring including, but not limited to, the negligence of Releasees. I understand that Minor and I will be solely responsible for any loss or damage, including personal injury, property damage, disability, death, sickness or disease sustained from the use of Facilities and participation in Programs.

I further agree, in my legal capacity as the parent/guardian of Minor, on behalf of Minor, myself, and any and all legal successors and proxies, to release and **HEREBY DO RELEASE, WAIVE AND COVENANT NOT TO SUE** Releasees from any causes of action, claims, suits, liabilities or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which Minor, myself, and any and all legal successors and proxies may have, now or in the future, against Releasees on account of personal injury, property damage, disability, death, sickness, disease or accident of any kind, arising out of or in any way related to the use of Facilities or participation in Programs, whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to, the negligence of Releasees.

In further consideration of the use of Facilities and participation in Programs, I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor to **INDEMNIFY AND HOLD HARMLESS** Releasees from any and all causes of action, claims, demands, losses, suits, liabilities or costs of any nature whatsoever, including claims of negligence, arising out of or in any way related to the use of Facilities and participation in Programs.

Other Permissions and Acknowledgments: I consent to the aforementioned camper participating in any YMCA Camp Hi-Rock programs or activities, either on or off camp property.

I give the camp medical staff permission to treat and administer medication as deemed necessary by camp health care staff or to administer medication or treatment prescribed by the camp's local physician should this become necessary. I understand that the camp medical staff may be unable to

contact me at the time when medical treatment is necessary and therefore grant permission for them to seek and administer such treatment and medication prior to contacting me for further permission. In the event that my child should need further medical treatment while at camp, I give the camp medical staff permission to order x-rays, routine tests, or treatments that may require hospitalization. I give the camp permission to transport my child or to activate emergency medical transportation for my child. I fully release YMCA Camp Hi-Rock and its agents from any liability in connection with those decisions. I authorize payment of medical benefits to the health care provider for any necessary services and the release of any medical or other information necessary to process claims for visits incurred. In addition, I give the camp medical staff permission to administer other over-the-counter medications they deem necessary. I confirm that, to the best of my knowledge, my child is not allergic to any medications other than those listed on the Health History Form. I certify that the information provided on the Health History Form is true and complete. My child has been immunized against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus Toxoids, Pertussis, and (if born after 12/31/1992) Hepatitis B.

I understand activities my child may participate in at Camp Hi-Rock such as, but not limited to, high or low ropes courses, water activities, climbing wall, hiking and target sports pose inherent risk of physical or emotional injury, and require physical exertion. I believe my child is in good health and participation in such activities will not aggravate any medical conditions my child may have.

I further grant any pictures or video taken of my child at camp may be used for publicity and promotional purposes. I authorize YMCA Camp Hi-Rock to photograph or film and use, reproduce, assign and or/ distribute photographs, slides, sound recordings and video of my child as needed for its records and marketing and public relations programs.

My child will not possess nor be under any influence of any illegal or recreational drug, including alcohol or marijuana, while participating in any activities at YMCA Camp Hi-Rock.

I give permission for the camp staff to test my child for COVID-19 in accordance with guidance from the Massachusetts Department of Public Health, agents of the Mount Washington Board of Health or guidance from the camp's Health Care Consultant.

I give permission for my child to use hand sanitizer while at camp.

I have read and understand the camp rules. I will ensure my child is aware of and will comply with these rules. I accept responsibility for my child's behavior. I have had sufficient opportunity to read this document, have read and understand its meaning, and agree to be bound by its terms. This completed form may be photocopied.

Minor Name (Print Clearly)

Date

Parent/Guardian Signature

Parent/Guardian Name (Print Clearly)

YMCA Camp Hi-Rock Medication Administration Release Form

Camper Name: _____

Date of Birth: _____ Age: _____ Weight: _____ Gender: _____

YMCA Camp Hi-Rock medical staff have standing orders from our partner doctor's office authorizing them to administer the following over the counter medication as deemed necessary by Hi-Rock medical staff: Benadryl, Tylenol, Ibuprofen, Miralax, Nix Treatment, Chloraseptic Spray and lozenges, star otic for swimmer's ear and bacitracin, calamine and/or hydrocortisone cream. If your child has any allergies to these or other medications, please be sure to list them in the online Health Form.

ALL OTHER OVER THE COUNTER AND/OR PRESCRIPTION MEDICATIONS MUST BE AUTHORIZED BY BOTH THE PARENT AND PRESCRIBING DOCTOR/ADVANCED PRACTITIONER IN ACCORDANCE WITH THE COMMONWEALTH OF MASSACHUSETTS LAW.

This form authorizes the YMCA Camp Hi-Rock medical personnel to administer prescription drugs and over-the-counter medication to the above listed camper while staying at YMCA Camp Hi-Rock. Please list any medications you would like administered to the above listed camper while staying at YMCA Camp Hi-Rock.

- **All medications must be brought to camp in the original container with prescription/dosing information. Medications will be kept in the camp infirmary and administered by Hi-Rock medical staff according to dosage and frequency information given below.**
- **Any medication brought to camp without this signed form will not be administered.**

Name of Medication	Dosage and Frequency	For Treatment of (ailment)	Doctor's Name and Phone Number	Prescribing Doctor's Signature

Signature of Parent/Guardian: _____ **Date:** _____

YMCA Camp Hi-Rock Physician Signature: _____ **Date:** _____

Meningococcal Disease and Camp Attendees: Commonly Asked Questions

What is meningococcal disease?

Meningococcal disease is caused by infection with bacteria called *Neisseria meningitidis*. These bacteria can infect the tissue (the “meninges”) that surrounds the brain and spinal cord and cause meningitis, or they may infect the blood or other organs of the body. Symptoms of meningococcal disease may appear suddenly. Fever, severe and constant headache, stiff neck or neck pain, nausea and vomiting, and rash can all be signs of meningococcal disease. Changes in behavior such as confusion, sleepiness, and trouble waking up can also be important symptoms. In the US, about 350-550 people get meningococcal disease each year and 10-15% die despite receiving antibiotic treatment. Of those who survive, about 10-20% may lose limbs, become hard of hearing or deaf, have problems with their nervous system, including long term neurologic problems, or have seizures or strokes. Less common presentations include pneumonia and arthritis.

How is meningococcal disease spread?

These bacteria are passed from person-to-person through saliva (spit). You must be in close contact with an infected person’s saliva in order for the bacteria to spread. Close contact includes activities such as kissing, sharing water bottles, sharing eating/drinking utensils or sharing cigarettes with someone who is infected; or being within 3-6 feet of someone who is infected and is coughing and sneezing.

Who is most at risk for getting meningococcal disease?

People who travel to certain parts of the world where the disease is very common, microbiologists, people with HIV infection and those exposed to meningococcal disease during an outbreak are at risk for meningococcal disease. Children and adults with damaged or removed spleens or persistent complement component deficiency (an inherited immune disorder) are at risk. Adolescents, and people who live in certain settings such as college freshmen living in dormitories and military recruits are at greater risk of disease from some of the serotypes.

Are camp attendees at increased risk for meningococcal disease?

Children attending day or residential camps are **not** considered to be at an increased risk for meningococcal disease because of their participation.

Is there a vaccine against meningococcal disease?

Yes, there are 2 different meningococcal vaccines. Quadrivalent meningococcal conjugate vaccine (Menactra, Menveo and MenQuadfi) protects against 4 serotypes (A, C, W and Y) of meningococcal disease. Meningococcal serogroup B vaccine (Bexsero and Trumenba) protects against serogroup B meningococcal disease, for age 10 and older.

Should my child or adolescent receive meningococcal vaccine?

That depends. Meningococcal conjugate vaccine (MenACWY) is routinely recommended at age 11-12 years with a booster at age 16 and is required for school entry for grades 7 and 11. In addition, these vaccines may be recommended for additional children with certain high-risk health conditions, such as those described above.

Meningococcal serogroup B vaccine (Bexsero and Trumenba) is recommended for people with certain relatively rare high-risk health conditions (examples: persons with a damaged spleen or whose spleen has been removed, those with persistent complement component deficiency (an inherited disorder), and people who may have been exposed during an outbreak). Adolescents and young adults (16 through 23 years of age) who do not have high risk conditions may be vaccinated with a serogroup B meningococcal vaccine, preferably at 16 through 18 years of age, to provide short term protection for most strains of serogroup B meningococcal disease. Parents of adolescents and children who are at higher risk of infection, because of certain medical conditions or other circumstances, should discuss vaccination with their child’s healthcare provider.

How can I protect my child or adolescent from getting meningococcal disease?

The best protection against meningococcal disease and many other infectious diseases is thorough and frequent handwashing, respiratory hygiene, and cough etiquette. Individuals should:

1. wash their hands often, especially after using the toilet and before eating or preparing food (hands should be washed with soap and water or an alcohol-based hand gel or rub may be used if hands are not visibly dirty);
2. cover their nose and mouth with a tissue when coughing or sneezing and discard the tissue in a trash can; or if they don’t have a tissue, cough or sneeze into their upper sleeve.
3. not share food, drinks or eating utensils with other people, especially if they are ill.
4. contact their healthcare provider immediately if they have symptoms of meningococcal disease.

If your child is exposed to someone with meningococcal disease, antibiotics may be recommended to keep your child from getting sick.

You can obtain more information about meningococcal disease or vaccination from your healthcare provider, your local Board of Health (listed in the phone book under government), or the Massachusetts Department of Public Health Divisions of Epidemiology and Immunization at (617) 983-6800 or on the MDPH website at <https://www.mass.gov/info-details/school-immunizations>.

Insurance Card Template – Please photo copy the front and back of your camper’s insurance card and upload to the space provided on your Parent Dashboard. Must be uploaded as one document.

FRONT



BACK



Camper Tips for Success Form

Please complete and submit this form at least two weeks before your camper comes to camp. This information is shared with the Camper Care Specialist, Unit Director, your camper's counselors and any other appropriate administrative staff in order to provide your camper with the best possible experience at YMCA Camp Hi-Rock.

Please list all sessions your camper is attending and indicate whether they are attending day camp or overnight camp (i.e. Overnight camp session 1a)

Camper gender _____

Camper nickname _____

Is your camper having a birthday during his/her stay at camp? Please also notify our camp office in advance and ask your camper to let his/her counselor know on check-in day.

Interests/Hobbies

Please list any siblings attending camp

Has your camper been away from home for more than one week before? ___yes ___ no

If yes, for how long? _____

List any illnesses/physical disabilities that may affect your camper's stay

Does your camper have any serious fears? ___ yes ___ no

Please specify

Has your child wet the bed in the last 18 months? ___ yes ___ no

What would you like your camper to learn at camp?

Please list any activities in which you do NOT want your child to participate

Please explain any behavioral or medical conditions you would like the camp staff to be aware of here

Please list any other specific information that would be helpful for the staff to know concerning your child here

Formulario de Consejos para el éxito en el Campamento

Por favor completa y envía este formulario al menos dos semanas antes de que tu hijo/a venga al campamento. Esta información se comparte con el Especialista en Cuidado de los Campistas, el Director de la Unidad, los consejeros de tu hijo/a y cualquier otro personal administrativo apropiado para brindarle la mejor experiencia posible en el YMCA Camp Hi-Rock.

Por favor enumera todas las sesiones a las que asistirá tu hijo/a y señala si asistirá al campamento de día o al campamento nocturno (por ejemplo, Sesión 1a del campamento nocturno)

Género del campista _____

Apodo del campista _____

¿Tu hijo/a celebrará su cumpleaños durante su estancia en el campamento? Por favor, notifica con anticipación a nuestra oficina y pide a tu hijo/a que lo informe a su consejero/a el día del registro

Intereses/Pasatiempos

Por favor, enlista los nombres de los hermanos/as que asistirán al campamento

¿Tu hijo/a ha estado lejos de casa por más de una semana antes? ___ si ___ no

Si la respuesta es sí, ¿Por cuánto tiempo?

Enumera cualquier enfermedad o discapacidad física que pueda afectar la estadía de tu hijo/a en el campamento _____

¿Tu hijo/a tiene algún miedo serio? ___ si ___ no

Por favor especifica

¿Tu hijo/a ha mojado la cama en los últimos 18 meses? ___ si ___ no

¿Qué te gustaría que tu hijo/a aprenda en el campamento?

Por favor, enlista cualquier actividad en la cual no deseas que tu hijo/a participe

Por favor, explica aquí cualquier condición de comportamiento o médica de la cual te gustaría que el personal del campamento esté informado

Por favor, enumera cualquier otra información específica que sería útil que el personal conozca sobre tu hijo/a aquí
