



**BOARDING STUDENT
RESIDENT PROGRAM**
November 20-30, 2009
Registration Form

Return to:
162 East Street
Mt. Washington, MA 01258
(413) 528-1227
Fax: (413) 528-4234
Toll free: (877) 333-YMCA
Email: info@camphirock.com

Please print clearly

Student's Name: _____
 Gender (please circle): Female Male Date of Birth (MM/DD/YYYY): ____/____/____
 School Name _____
 Home Address: _____
 City: _____ State: _____ Zip: _____ Country: _____
 Home Phone Number: (____) _____ - _____ Student email: _____

Parent 1 Name _____	Parent 2 Name _____
Home Phone (____) _____ - _____	Home Phone (____) _____ - _____
Cell Phone (____) _____ - _____	Cell Phone (____) _____ - _____
Email Address _____	Email address _____
Work Phone (____) _____ - _____	Work. Phone (____) _____ - _____

School Name: _____
 School Address: _____
 City: _____ State: _____ Zip: _____ Country: _____
 School Contact Name and Phone Number: _____ (____) _____ - _____

The Boarding Student Resident Program is designed specifically for international and American boarding students to attend during Thanksgiving break. We will provide structure and supervision in a friendly environment that promotes leadership, teamwork and personal development.

As school vacation schedules vary, students may enroll for as many or as few nights as needed.

At a glance, what we offer:

- Meals, lodging, and activities are included in the program fee.
- Supervised study time with native English-speaking staff.
- Team building and adventure programs designed at building confidence, leadership, and character.
- Two sessions with an experienced study skills teacher covering note-taking and active reading.
- A traditional Thanksgiving meal and an excursion to local historic sites and an outlet mall.
- Separate accommodations for males and females in our comfortable lodges.
- Trained and experienced staff members.
- Game room with ping pong, air-hockey, DVD player, board games, and puzzles.

Information available at www.camphirock.org/groups.html or by contacting Susan Buckwalter at
(413) 528-1227 x 13 or retreats@camphirock.org

Boarding Student Resident Program

Student Name: _____

Please print clearly

Transportation Request:

Student would like to be picked up on the following date and time: Date: ___/___/___ Time: ___

At the following location:

_____ **Wassaic Train Station, Wassaic, NY** (Metro North Line with rail service to Grand Central Station)

_____ **Intermodal Transportation Center, Pittsfield, MA** (Amtrack Rail Service and Peter Pan Bus Service)

_____ **362 Main St, Great Barrington, MA** (Peter Pan Bus Service)

_____ **60 Main Street, Lee, MA** (Exit 2 off Mass Pike, Peter Pan Bus Service)

Please note, we will call to confirm your request. We will consider all transportation requests and coordinate pick up times according to popular requests. Additional locations may be available. Please call to submit a request. Please include any additional transportation information here:

With whom should we speak regarding transportation: Name _____, Phone _____

Please list all individuals with permission to transport this student:

Mandatory Section

It is your responsibility to inform the camp office of anyone authorized to pick up this student. We will not release students 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. Whomever is transporting the camper must have identification with them when checking in and checking out.

Emergency Contact (other than parent and/or guardian): _____

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

Signature:

Please sign here to indicate that all above information is true and accurate and that you have read the information on pages 2 & 3 outlining the most important information regarding the student's stay at camp.

Sign: _____ Date: _____

Please list any allergies that your student may have:

Is the student a vegetarian? (please circle one):

Yes **No**

Roommate request:

We will try to honor your request, but do not guarantee that we will.

To where would you like us to send correspondence from the camp office? Please choose:

- Student's home address
- Student's school address
- Other:

Name: _____

Address: _____

Boarding Student Resident Program

Student Name: _____

Please indicate the dates and times when your student will arrive and depart. The rate is \$80 per night and includes food, lodging, and activities. Students may arrive (with advanced notice) at any time between 4pm on November 20 and 6pm on November 29th. All students are expected to depart by 11m Monday 11.30.09

Date	Friday 11.20.09	Saturday 11.21.09	Sunday 11.22.09	Monday 11.23.09	Tuesday 11.24.09	Wednesday 11.25.09	Thursday 11.26.09	Friday 11.27.09	Saturday 11.28.09	Sunday 11.29.09	Total
Rate	\$80 per night	\$80	\$80	\$80	\$80	\$80	\$80	\$80	\$80	\$80	
Please check boxes											

PAYMENT METHOD:

(VISA/MasterCard/checks/money orders only)

- Deposit included (check/money order); balance will be sent with check by 11/20/09.
- Deposit included (check/money order); please use credit card for balance on 11/20.
- Use credit card for deposit now; balance will be sent with check by 11/20
- Use credit card for deposit now and balance on 11/20.
- Use credit card now for full balance
- Other (payment plans possible; office must be contacted in order for registration to be processed)

Name on Card: _____

Card # _____ - _____ - _____

Exp Date: ____/____/____ 3-digit CVV: _____

Cardholder's Signature: _____ (back of card)

_____ Date: _____

Total Fees	
Transportation \$30 one way/\$50 round trip	
Optional Donation to The Strong Kids Campaign	
Deposit Due November 14, 2009	-\$100
Balance Due November 20, 2009	

- No student will be admitted to camp without a completed Hi-Rock medical form documenting: a.) A physical examination conducted within 24 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.
- The balance of B.S.R.P. fees is due November 20, 2009. After November 20 fees are only refundable if camper is unable to attend for medical reasons verified in writing by a physician. **Students who leave due to homesickness or violation of the Camper Code of Conduct will not be given a refund.**
- Financial Aid forms are available upon request.
- 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

- 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 students' 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 student'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, students 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.

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 financial assistance fund. Please consider contributing to this effort to help maintain a strong camp for all children.