

NORTHERN BERKSHIRE YOUTH R.O.P.E.S. PROGRAM

Application

(Choose One)

CAMPER _____

MENTOR _____

Name _____ Age _____ M/F _____ DOB _____

Primary Address _____ City/Town _____

Parent/Guardian _____ Phone _____

E-mail Address _____

If parent cannot be reached, names of responsible adult(s) who may pick up child:

Name _____ Daytime Phone _____

Name _____ Daytime Phone _____

Any Allergies? _____

Any Medications? _____

Dose/Time _____

Any additional information we should be aware of _____

List any previous ROPES camps child has attended _____

School _____ Grade completed in June _____

T-shirt size (adult) _____

Camp Selection (July or August): 1st choice _____ 2nd choice _____

By entering my name below, I authorize the Northern Berkshire Youth ROPES staff to administer my child's medication in the appropriate dosage and time according to the prescription information I have provided. In addition, I authorize the medical staff to administer medical care to my child in the event of injury or illness.

Also, I am aware that my child's picture may be taken during camp activities and may be used for the purpose of promoting the camp.

No electronics of any kind (IPad, iPod, Computers, Cell Phones, etc...) will be allowed to be used during camp. If you choose to send a cell phone with your child, it must remain in their back pack. The ROPES staff is NOT responsible for any lost or stolen item.

I have read and understand the rules permitting by child to attend the ROPES Summer Program.

PARENT/GUARDIAN NAME _____ DATE _____

NORTHERN BERKSHIRE YOUTH SUMMER R.O.P.E.S. PROGRAM

Parent Letter of Understanding

Thank you for your interest in the summer R.O.P.E.S. program. In order to keep the camp running in a smooth manner, we ask that you please read the following carefully, as some of the requirements have changed. Your named typed at the bottom of this page acknowledges you have read and understand its contents. No application will be accepted without this page.

MENTORS: In order to be a mentor, your child must be 14 to 18 years of age, have attended two (2) previous ROPES Camps as a camper and will be required to donate ten (10) volunteer hours at ROPES functions/fundraisers throughout the year. (Volunteer opportunities will be posted on the web site).

CAMPERS: In order to be a camper, your child must be 11-13 years of age and must attend one of the following schools:

BART Charter	Cheshire Elementary
Clarksburg Elementary	CT Plunkett
Gabriel Abbott	North Adams Public Schools
Pine Coble	St. Stanislaus
Williamstown Elementary	

To avoid lost/misplaced/late applications we ask that you fill out the appropriate application (Mentor or Camper) for your child and submit it on line. All notifications of camp updates and rules will be done via the website. We do attempt to accommodate as many campers as possible, but due to staff/camper ratio we may have to limit the number of campers per session. Please be sure the camp session you chose, will work with your summer schedule as "no Shows" are still a cost to the camp.

The last date for submitting the application is May 22nd. We have to place orders for supplies (food, t-shirts, water bottles, etc...) in a timely manner to insure we have an adequate amount to operate the camp(s). Regretfully we will not accept applications after this date.

While there are no fees to attend the camp, any donations are greatly appreciated, as well as parent volunteers for our large fundraisers.

PARENT/GUARDIAN NAME: _____ DATE: _____