

**Northern Berkshire Youth R.O.P.E.S.  
Summer Program**

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ City/Town \_\_\_\_\_

Father \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Mother \_\_\_\_\_ Phone(H) \_\_\_\_\_ (W) \_\_\_\_\_

Guardian \_\_\_\_\_ Phone(H) \_\_\_\_\_ (W) \_\_\_\_\_

**If a Parent cannot be reached, names of responsible adult (s) who can pick up child.**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Any Allergies? \_\_\_\_\_

Any Medications? Type and administration

Dose/Time \_\_\_\_\_

Any additional information we should be aware of: \_\_\_\_\_

**E-mail address in which parents and children will receive notices from the ROPES camp:**

Parent: \_\_\_\_\_ Child: \_\_\_\_\_

T-Shirt Size: Child size: \_\_\_\_\_ OR Adult Size: \_\_\_\_\_

Camp Selection (mark 1<sup>st</sup> and 2<sup>nd</sup> choice): July 16-20, 2012 \_\_\_\_\_ August 6-10, 2012 \_\_\_\_\_

**Mentor applicants previous camp (s) attended (Months/Years/Team):**

\_\_\_\_\_  
\_\_\_\_\_

**Previous Mentor Boot Camps Attended (Years):**

\_\_\_\_\_

As a mentor candidate I understand and agree that I may not be accepted as a mentor. I understand and agree that I need to attend the Mentor Boot Camp and compose a 500 word essay on my experience as a camper, why I want to be a Mentor and what I have to offer the ROPES program prior to my acceptance. I will also have two signatures of teachers and or my principal indicating that I am respectful and hard-working mentor candidate. I promise that I will participate fully in the ROPES program and act appropriately and respectfully. I understand that I am at the ROPES camp first and foremost to be a positive role model to other campers. I understand that I will assist the team leaders with everything that is needed to make the ROPES camp a success. I lastly understand that at anytime if I am not acting appropriately as to what is expected of a mentor I can be removed as a mentor and asked not to return.

**Mentor Candidate** \_\_\_\_\_

**Teacher/Principal** \_\_\_\_\_

**Teacher/Principal** \_\_\_\_\_

I have read and understand the rules permitting my child to attend the ROPES Summer Program. I hereby authorize the staff of the Northern Berkshire Youth ROPES Summer Program to administer my child's medication in the appropriate dosage and time according to the prescription medication information I have provided. I also authorize the medical staff of the Northern Berkshire Youth ROPES Summer Program to administer medical care to my child in the event of injury or illness.

**Signature of Parent or Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_