

Camp Half Moon

2016 CIT Leadership Training Application

Dear Leadership Campers,

We are very excited to tell you about our Leadership Training Program for 2016. Half Moon will be offering a three year Leadership Training Program to campers entering grades 10 – 12. It is our goal to train our teen campers to become positive and effective role models, enabling them to easily transition into the role of Counselor upon graduation from high School. (Participation in the Third Year of the Program will be by invitation only.)

This is chance to learn to be a mentor, develop skills for a possible counselor position, to stretch the imagination and work as a team when designing a full-camp event. Leaders will assist in a variety of areas including programming, camp store, dining hall and camper cabins, in addition to assisting counselors in activities and in the bunks. Leaders will also be given an opportunity to work with our younger day campers in a variety of roles. The level of responsibility will increase with each year. Leaders will receive free time each day as well as scheduled activity time. In addition, Leaders will be offered chaperoned time off away from camp.

All leaders will live together in either a male or female cabin. Third year leaders may have an opportunity to co-counsel a group of our Day Campers. Our CIT program is relevant to teens who are interested in developing and strengthening leadership skills, acting as role models, and gaining valuable work experience.

The tuition for the Leadership Program has been significantly reduced by level of participation as represented on the registration form. For this reason, no other discounts will apply to Leadership Participants. Third Year Participants will receive a stipend of \$50.00 per week.

We are looking forward to an exciting 2016 camping season. Space is limited for this program so register early. Please e-mail or call 888 528 0940 if you have any questions.

Gretchen and Ric Fritch
Camp Half Moon, Owners/Directors
P.O. Box 188
Great Barrington, Ma 01230
info@camphalfmoon.com
www.camphalfmoon.com

Always a New Friend
Always a New Adventure
Coed ages 6-16

Camp Half Moon

Beautifully situated in the Berkshires
Since 1922

Directors
Gretchen Mann-Fritch
Richard Fritch

2016 CIT Leadership Training Registration

Camper is entering 10th grade who do not want to participate in the Leadership Program should complete the regular camper on our website at www.camphalfmoon.com)

CIT Information

Name _____ D.O.B. _____ Age (as of 6/26/16) _____ M/F _____
Address _____ Grade Sept. 2016 _____
City, State _____ Zip _____ CIT E-mail: _____
of previous yrs. @ Half Moon _____ Are any family members alumni? Y/N _____
Parent 1 Name _____ Home Phone _____ Bus. Phone _____
Cell Phone _____ E-Mail _____
Parent 2 Name _____ Home Phone _____ Bus. Phone _____
Cell Phone _____ E-Mail _____
Who is the custodial parent? Parent 1 Parent 2 N/A
Friends attending Half Moon? _____ How did you hear of Half Moon? _____
Emergency Contact: Name _____ Phone _____ Relationship _____

Leadership Training Sessions and Fees

_____ 7 Weeks 6/25-8/13* _____ 4 Weeks 6/25-7/23* _____ 3 Weeks 7/24-8/13
_____ 5 Weeks 6/25-7/30* _____ 5 Weeks 7/10-8/13

First Year Leaders	Entering 10 th grade	\$1065.00 wkly
Second Year Leaders	Entering 11 th Grade	\$950.00 wkly
Third Year Leaders	Entering 12 th grade by Invitation Only	\$750.00 wkly

*Please note the arrival date of June 25 is one day prior to the campers arrival.
Third Year Leaders receive a \$50.00 per week stipend at the end of their sessions.
(After the Early Enrollment for CIT's, no other discounts will apply to this already reduced rate)

Payment Terms, Cancellations and Refunds: Deposit: \$900.00 is due with registration. It is understood that after registration and deposit, the remaining tuition and fees will be divided into three equal payments payable on December 15 2015, March 15 and May 15, 2016. All camp fees must be paid in full by May 31st. All tuition and fees are fully refundable until December 15, 2015. Thereafter, a onetime cancellation fees will be assessed as follows: \$300.00 from 12/16/2015 to 3/31/2016, \$500.00 from 4/1/2016 to 5/30/2016. Cancellations after 6/1/16 will not qualify for a refund. Refunds will not be given for late arrivals, early departures due to homesickness, inability to adjust or other personal reasons. One half of the remaining tuition will be refunded in the event a camper terminates due to recommendation of a physician. Reducing the number of weeks originally enrolled for will be considered a cancellation of those weeks and will incur a penalty of \$75.00 per week cancelled. Any agreed upon refunds after the start of the camp season, will be distributed at the close of the camp season. I have read the reverse side of this application form and understand all terms and conditions described herein. I hereby give Camp Half Moon permission to use my child's image in their brochures, videos, Internet sites and other camp advertising. By signing below I acknowledge and agree to the above stated cancellation policy and the camper release on the reverse side.

Payment Options:

Preferred method of payment is by check payable to Camp Half Moon Box 188, Gt. Barrington, MA 01230.

I understand that when using my credit card all fees will be charged on the date due as described above.

Parent/Guardian Signature: _____ Date _____

Visa/Master Card: _____ Exp. Date: _____

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2016 C.I.T. Program Questionnaire & Agreement

CIT Name _____ Current Grade _____

Current Age: _____ CIT Email: _____

Goal

The goal of the CIT program is to provide the participant with a bigger picture of the camp operation including the perspective and confidence necessary to make the successful transition from camper to counselor and from follower to leader. During cabin and camp events, CIT's assist the program by providing supervision, leadership and energy to the benefit of the campers instead of the benefit of oneself.

Program

Participants will shadow the counselors throughout the day and assist the program directors with afternoon, evening and week-end trips and activities, including set up, creation and implementation. CIT's are expected to be excellent role models for the campers in the cabins and during all activities. Participants follow the daily schedule at camp, helping the campers in a variety of ways throughout the day and encouraging them to participate in all activities. CIT's are expected to participate in all aspects of camp with a positive attitude and to behave appropriately at all times. CIT's will assist in all camp departments including:

Camp Store	Cabin Duty & Inspection	Dining Room
Camp Announcements	Campfire	Healthcare
Program Scheduling	Cherokee/Mahaiwe	Conflict Resolution
Special Event Planning	Day Camp Assistant	Camp Traditions
Leadership Sessions	Reflections	Safety Procedures

I enjoy participating in the following activities: (Check as many as apply)

<input type="checkbox"/> Hiking	<input type="checkbox"/> Fishing	<input type="checkbox"/> Music
<input type="checkbox"/> Swimming	<input type="checkbox"/> Crafts/Pottery	<input type="checkbox"/> Archery
<input type="checkbox"/> Canoeing/Kayaking/Sailing	<input type="checkbox"/> Camp Newspaper	<input type="checkbox"/> Tennis
<input type="checkbox"/> Group Games	<input type="checkbox"/> Rocketry	<input type="checkbox"/> Dance
<input type="checkbox"/> Skateboarding	<input type="checkbox"/> Ropes	<input type="checkbox"/> Gymnastics
<input type="checkbox"/> Cake Decorating	<input type="checkbox"/> Team Sports _____	
<input type="checkbox"/> Drama	<input type="checkbox"/> Other _____	
<input type="checkbox"/> White Water Rafting		

I would like to register for water-ski/tubing during the following weeks @ \$130.00 per week:

1 2 3 4 5 6 7

Do you have any experience working with children? Special Needs?

I feel most comfortable working with the following age group(s):

____ 3 and 4 year olds ____ 7 and 8 year olds ____ 11 and 12 year olds
____ 5 and 6 year olds ____ 9 and 10 year olds

Give any suggestions you may have for CHM Dance Themes, Special Events, Tournaments, Etc.

What are your favorite hobbies?

List 5 things that make you really happy.

What do you believe your strengths are?

List things that you would like to improve about yourself.

What do you hope the campers will learn from you?

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2016 CIT CONDUCT AGREEMENT

As a participant in the CHM CIT Program summer, I _____
will comply with all the following conditions and requirements:

1. I agree to conduct myself in a mature, responsible and positive manner and to remember that I am a representative of Camp Half Moon.
2. I agree to be punctual. If I am unable to attend an event due to illness I will notify the Program Director as soon as possible.
3. If my work performance or behavior is in any way deemed unacceptable by the Camp Director, I understand that I may be terminated from the CIT program.
4. I understand that Camp Half Moon will provide me with 3 CIT Shirts which must be worn every day and that I am required to maintain good personal hygiene. Additional shirts may be purchased at camp.
5. I understand that I am a role model to campers of all ages and agree to refrain from the use of inappropriate language and discussion of inappropriate topics.
6. I understand that I may never ridicule or discipline any camper.

CIT Signature: _____ Date: _____

PARENTAL AGREEMENT FOR C.I.T. TIME OFF

CIT's will enjoy certain privileges including an extended curfew, time off, and supervised time away from camp each week-end and some evenings. A chaperone will accompany the group when off camp and will remain at a centralized location. CIT's will not be allowed to remain out of camp overnight and must adhere to the camp curfew policy set by the Camp Director. CIT's will also be given free-time on campus. CIT's may not enter the staff smoking lounge and will only be permitted to ride in a camp vehicle. CIT's may never ride in a staff member's personal vehicle. CIT's may not bring a car to camp.

CIT Release: I give permission for my child named above to participate in any activity on or off camp property for which he/she may sign up for and/or qualify for under camp standards. I recognize there are risks inherent in most camp activities and hold harmless the related parties (staff, volunteers and directors) from and against all claims and demands whatsoever on account of or in any way from any accidental occurrence. I have read the above and understand and agree to its meaning.

Parent Signature: _____ Date: _____

Mail to: Camp Half Moon, P.O. Box 188, Great Barrington, MA 01230
Tel: 888 528 0940