



**Family Camp Registration - One family per form**

Please complete all applicable parts of form. Use pen and send to:

**Yellowstone Alliance Adventures; 13707 Cottonwood Canyon Rd; Bozeman, MT 59718**

- July 6-9, 2018                       August 31- September 3, 2018

Names (list both if applicable) \_\_\_\_\_  
 Address \_\_\_\_\_ Email (for confirmation) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Email (for confirmation) \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

<b>Total # attending</b> _____	Children's names	Birthday	Grade in Fall
Please list children separately with birthdays and grade they will be entering in the fall.	_____	____/____/____	_____
	_____	____/____/____	_____
	_____	____/____/____	_____
	_____	____/____/____	_____
	_____	____/____/____	_____

We would like the following:

- One cabin       Bring own RV       Bring own tent       We will commute      # attending 1<sup>st</sup> dinner \_\_\_\_\_

We'd like to share a cabin with: \_\_\_\_\_  
 Special Dietary Needs \_\_\_\_\_

Any other special needs or requests? \_\_\_\_\_

How did you hear about YAA?

- Radio     Magazine     Church     Friend     School     Website     Other \_\_\_\_\_

Family Camps require the \$50 deposit to register and we suggest the following fees to be given as a free-will offering with your registration or at camp:

- \$180 per adult
  - \$150 per child ages 5-12
  - \$50 per child 5 and under
- Subtotal (from above) \_\_\_\_\_  
 Special Diet Fee \_\_\_\_\_  
 I would like to make a donation to the camp scholarship fund \_\_\_\_\_  
 Total \_\_\_\_\_  
 Amount Paid \_\_\_\_\_

<b>For Office Use Only</b>			
Check # _____	Date Rec'd _____	Amt. Rec'd _____	Scholarship Amt. Due _____

## Camper Health Information

(Must be completed for Family to be registered in a camp.)

Camper Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent /Guardian : \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Health/Accident Insurance Co. \_\_\_\_\_

Policy # \_\_\_\_\_ Policy Holder Name \_\_\_\_\_

Physician Name \_\_\_\_\_ Phone: \_\_\_\_\_

**Prescription Medications** If your child requires Emergency Rescue medication for a current condition, the following procedure must be observed to ensure safe and legal administration:

- Any Emergency Rescue meds such as Epi-Pen, Glucose, and Albuterol nebulizer must be listed below, and made aware of by YAA staff at time of registration.

List Meds, Conditions, Instructions: \_\_\_\_\_

**Allergies and Reaction to Allergens (excluding seasonal allergies)** If None, indicate "None": \_\_\_\_\_

**Medically Required Dietary Restrictions**  
(e.g. Gluten Free, Lactose Free, Diabetic, etc.) List:

Please read the YAA Special Diets Policy below. **We will add \$45 to your registration fee.**

### Over-The-Counter Medications

YAA administers the following medications as deemed necessary by the camp nurse or designated staff member: acetaminophen, ibuprofen, antihistamine, throat lozenges, anti-nausea, anti-diarrhea, antiseptic solution, antibiotic ointment, anti-itch cream, ipecac, aloe, eyewash, sunscreen and insect repellent.

Please indicate any

Over-The-Counter

medications camper

should NOT receive: \_\_\_\_\_

### YAA No Lice/No Nits Policy

Parents are asked to check the camper's hair for evidence of lice and/or nits one week before camp begins to allow adequate time for treatment if necessary. Please be able to confirm the absence of lice/nits the day your child comes to camp. Camp personnel reserve the right to screen campers for head lice during registration. If lice or nits are found on a camper upon arrival or during the week of camp YAA reserves the right to quarantine and send a camper home.

### YAA SPECIAL DIETS POLICY: YOUTH CAMPS

YAA is committed to providing a safe camp experience for all campers and guests. The particular dietary needs of a camper should not take away from that experience. Through a partnership between YAA, the camper *and* the camper's parent or guardians, YAA believes that the dietary needs of the camper can be met and all can have a safe and successful experience. This policy seeks to outline the specific roles and responsibilities of that partnership.

**YAA can accommodate special diets for food sensitivities, allergies, or intolerances (such as reactions to gluten and dairy) for an additional \$10/person.** Special diets should be medically necessary. Unfortunately, we are not able to accommodate food preferences. While we do not specifically accommodate vegan/vegetarian/pork-free preferences, we try to have options at each meal for people who have these food preferences.

The role of YAA:

1. Ensure that all kitchen staff are trained regarding safe food handling practices to avoid cross contamination with potential food allergens.
2. Maintain a list of camper's diet restrictions within the kitchen and maintain knowledge of these allergens.
3. **FOOD ALLERGY DISCLAIMER** – YAA makes every attempt to identify ingredients that may cause allergic reactions for those with medical food allergies. Every effort is made to instruct our food service staff on the severity of food allergies. However, there is always a risk of contamination in this kind of high production facility. There is also the possibility that manufacturers of the commercial foods we use could change the formulation at any time without notice. Those who are concerned with food allergies need to be aware of this risk. YAA will not assume any liability for adverse reactions to foods consumed or items one may come in contact with while eating at YAA.

The Role of the Parent/Guardians and Campers:

1. Clearly describe the student or families diet restrictions on the health form. Please indicate whether the diet restrictions listed are a food allergy or sensitivity. Indicate what reaction should be expected if diet restrictions are not followed and what should be done to treat that reaction.
2. Educate and review with the camper the self-management of his or her special diet. Campers must be proactive in the management of their diet and reactions.
3. As the camp menu varies, please contact the YAA Food Service Coordinator (Andrea Hawthorne 406-581-0741) at least two weeks before your family camp to discuss your families special diet. If the Food Service Coordinator is not contacted prior to the week of camp, YAA may not be able to accommodate your families dietary needs.
4. If the variety of items available along with our available alternative foods still leaves a "gap," we ask that parents supply supplemental foods to replace any items of concern. Please clearly label these items with the child's name and preparation instructions and give to the Food Service Coordinator.

**Waivers/Liability Release**

I hereby verify that all immunizations are up to date and the above information is complete and accurate to my knowledge.

I authorize the Yellowstone Alliance Adventures staff to assist my child with the listed medications he/she will be bringing as indicated by written directions of the prescriber. I further authorize the camp's staff to dispense over the counter medication except exclusions I have listed above. I understand that health care provided by YAA nurses is done so with minimal or no compensation. They may be held liable for injury, death or loss arising out of providing these services only for acts of gross negligence.

The person described above has permission to engage in all camp activities, both on-campus and off-campus, except as noted in the Participation Exclusions section. I have familiarized myself with the camp program and events and understand that all activities are completely voluntary. I recognize the inherent risk of injury from participation in camp activities including (but not limited to): swimming, archery, rifles, canoeing, zip line, and paintball activities. I understand that Yellowstone Alliance Adventures has taken safety measures, including having certified staff in first aid and CPR, as well as making every effort to aid the safety of all camp participants. However, I also recognize that Yellowstone Alliance Adventures cannot ensure or guarantee that the participants, equipment, grounds and/or activities will be free of accidents or injuries. I am aware and have instructed my child about the importance of knowing and abiding by the camp rules and regulations. I voluntarily waive any claim against Yellowstone Alliance Adventures, its staff members, and Board of Directors, against all liability, claims, damages, attorney fees, or expenses arising out of any loss, personal injury, accident, misfortune, or damage to the named camper or his/her property, with the understanding that reasonable precautions shall be taken to ensure the health and safety of the named camper.

I hereby grant permission for my child to receive first aid and emergency treatment by the camp nurse and/or staff in the event of illness or injury. In the event I cannot be reached in an emergency, I give permission to the physician or dentist selected by YAA to hospitalize, secure proper treatment for, and to order injections and/or anesthesia and/or surgery for the camper named above. This completed form may be photocopied to have a set available for transportation records and for the YAA office.

I also give permission for images of myself/my child, captured during regular and special camping activities through video, photo and digital camera, to be used solely for the purposes of YAA promotional material, publications, and camp website, and waive any rights of compensation or ownership thereto. I also understand that by providing my e-mail address and cell phone number I will be included in text and e-mail lists for marketing purposes. YAA will never provide your/your child's images or your contact information to any other unrelated organization for marketing purposes.

I have read the Camper Special Diets Policy above and voluntarily waive any claim against YAA, its staff members, and Board of Directors, against all liability, claims, damages, attorney fees, or expenses arising out of or in connection with food prepared during my/my child's stay at YAA.

I agree to notify the camp of any changes prior to the start of the camp session.

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Signature of parent/guardian

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Date