

Youth Camp Registration Form 2019

You can also register online at www.yaacamp.org One camper per form

**Please complete all applicable parts on both sides of form. Use pen and send to:
Yellowstone Alliance Adventures; 13707 Cottonwood Canyon Rd; Bozeman, MT 59718**

Name _____ Nickname _____

Male Female

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email _____

Grade entering Fall 2019: _____ Date of birth: _____ Prior years at camp: _____

T-shirt Size (please circle)*: Youth – Small Medium Large XL or Adult – Small Medium Large XL

**New in 2019: Every youth camper will receive a 2019 YAA Camp T-shirt.*

Parent /Guardian 1: _____ Relationship _____

Address (mailing) _____

City _____ State _____ Zip _____

Email (for confirmation) _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Parent /Guardian 2: _____ Relationship _____

Address (if different) _____

City _____ State _____ Zip _____

Email (for confirmation) _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Emergency Contact (if parent/guardian not available): _____

Address _____ Relationship: _____

City _____ State _____ Zip _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Authorized Pickup: Yes No Person not authorized to pickup: _____

Contact Notes: _____

Church Name _____ Address _____

City _____ State _____ Zip _____

Sibling(s) attending in 2019 _____

I'm a first-timer, the friend who brought me is: _____

I'm bringing the following friend(s) who is a first-timer at YAA _____

Cabin Buddy choices: #1 _____ #2 _____

(We will try to put you with at least one buddy, although not guaranteed)

How did you hear about YAA? _____ Magazine _____ Church _____ Friend _____ School _____ Website _____

Other: _____

I authorize use of photos or videos taken of my child at camp for promotional purposes. Yes No

Signed: _____

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Camper Health Information (Must be completed for child 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 prescription medication for a current condition, the following procedure must be observed to ensure safe and legal administration:

- **Prescription medication must be in its original container with an accurate pharmacy label indicating camper's name, medical provider, dose, and timing.**
- If the directions on the container are different from what the physician is currently prescribing, written instruction from the physician is necessary. Medication with no identification WILL NOT be given.
- Place all necessary medication in a zip lock bag labeled with child's name. Give it to the camp nurse at registration.
- Any Emergency Rescue meds such as Epi-Pen, Glucose, and Albuterol nebulizer must be listed below, identified according to the above procedures, and given to the camp nurse at time of registration.

List Meds, Conditions, Instructions: _____

Health History Camper health and medical information needs to be made known to the camp. Camp personnel will hold this information in confidence. If space is insufficient, please describe on separate paper and attach to this form.

Date of last Tetanus booster: ____ / ____ / ____

Please list and explain all pertinent medical history (such as heart condition, diabetes, seizures, fainting/convulsions, stroke, asthma, tubes in ears, ADD/ADHD, sleep walking, bed wetting, etc.). If None, indicate "None."

If serious medical conditions are indicated above or participation restrictions due to medical conditions are necessary, physician approval and/or written explanation may be required.

Participation Exclusion List activities you do not wish your child to participate in due to medical conditions or other reason: _____
Yes ___ **No** ___

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

Medically Required Dietary Restrictions Please read the YAA Special Diets Policy on the next page.
(e.g. Gluten Free, Lactose Free, Diabetic, etc.) List: **Special diets require an additional \$45 to the registration fee.**

Over-The-Counter Medications

YAA administers the following medications as deemed necessary by the camp nurse: 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.

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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 \$45/camp. 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's 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 weekly, please contact the YAA Food Service Coordinator (Andrea Hawthorne, 406-581-0741) at least two weeks before your child's camp to discuss their special diet. If the Food Service Coordinator is not contacted prior to the week of camp, YAA may not be able to accommodate the camper.
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,

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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.

Signature of parent/guardian _____

Date _____

Youth Camp Fee Worksheet - All camp fees must to be paid in full by May 31, 2019 to guarantee your campers spot otherwise your camper will be moved to a waiting list. All prices include a 2019 YAA camp t-shirt.

Day Camps:

- | | | | | | |
|--|------------------|-------|--|------------------------|-----------|
| <input type="checkbox"/> 1 st - 4 th Grade | June 10-14 | \$185 | <input type="checkbox"/> 1 st - 4 th Grade | June 24-28 | \$185 |
| <input type="checkbox"/> 1 st - 4 th Grade | June 17-21 | \$185 | <input type="checkbox"/> Transportation | | \$50/week |
| Day Camp | \$185/\$45 a day | | Days Attending: | Mon Tues Wed Thurs Fri | |

Overnight Camps: Family Discount does not apply to Mini Camp

- | | | | | | |
|--|------------|-------|--|----------------|-------|
| <input type="checkbox"/> 2 nd - 4 th Grade Mini Camp | July 9-12 | \$230 | <input type="checkbox"/> 5 th -6 th Grade | June 23-28 | \$330 |
| <input type="checkbox"/> 3 rd - 5 th Grade | June 16-21 | \$330 | <input type="checkbox"/> 7 th -9 th Grade | June 30-July 5 | \$330 |
| <input type="checkbox"/> 6 th - 8 th Grade | July 14-19 | \$330 | <input type="checkbox"/> 9 th -12 th Grade | July 21-26 | \$330 |

Specialty Camps

- Archery Camp 7th-9th Grade July 9-12 \$380

Wilderness Camps

- Boy's Base Camp 6th-8th Grade July 9-12 \$330

All registrations must be accompanied by a \$50 non-refundable deposit.

Subtotal (from above) _____

Store/Craft Money (suggested \$30) + _____

Family discount for Overnight and Wilderness Camps:

1st camper pays full price on Overnight/Wilderness Camp. \$30.00 Discount for each additional sibling in Overnight/Wilderness camp. - _____

Name of sibling paying full price _____

If your child requires special diet while at camp, please add \$45 + _____

*I would like to make a donation to the camp scholarship fund + _____

**Supporting Church Discount - _____

Total _____

Amount Paid _____

**In order to offer the lowest possible rate to attend YAA, we underwrite 25% of the actual \$390 cost for our camps. This is possible because of generous donations to our scholarship program and general fund.*

***Please call 406-763-4727 to see if you qualify for the YAA supporting church discount.*

Scholarship		
Date Rec'd	Amt. Rec'd	Amt. Due
Final Pmt.	Date	Check No.