



Family Camp Registration (One family per form) Please use pen to complete all applicable parts and send to:
Yellowstone Alliance Adventures---13707 Cottonwood Canyon Rd; Bozeman, MT 59718

<input type="checkbox"/> Family Camp 1 - July 5-8, 2019	<input type="checkbox"/> Family Camp 2 - August 30- September 2, 2019
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Primary Adults (list both if applicable)

Address _____

City _____ State _____ Zip _____

Email (for confirmation) _____

Home Phone: _____ Cell Phone 1: _____ Cell Phone 2: _____

Total # attending	Children's Name	Age	Birthday	Grade in Fall
Please list children separately with birthdays and grade they will be entering in the fall.	_____	_____	___/___/___	_____
	_____	_____	___/___/___	_____
	_____	_____	___/___/___	_____
	_____	_____	___/___/___	_____
	_____	_____	___/___/___	_____

For our lodging we would like to stay in: Rustic cabin Room in 4-plex Room in 8-plex No Preference

We're willing to share a cabin with: Own RV/Camper Own Tent Commute

How many will be attending dinner the first night? _____ Other Comments: _____

Special Dietary Needs-(see policy next page) List names with specific individuals needs

Other special needs or requests for us to be aware of?

Note about the cost of Family Camp: Thanks to friends of YAA who are committed to helping out, ANY family that desires to may attend one of these two Family Camps, regardless of financial situation. No formal scholarship application is required. Simply fill out the form below to calculate the actual cost for your family to attend and pay what you can afford. In order to reserve your spot, we do require a \$50.00 non-refundable deposit. Additional payment toward the cost of your family attending can be made at any time. You may include it with this registration or any time between now and through the event itself when offerings are collected. We greatly appreciate those who can make an additional gift along with their full payment and we love being able to roll out the welcome mat to those in need. Contributions made that exceed the cost of your family as calculated below are eligible as a tax-deductible donation and will be receipted accordingly. The following lists the actual cost associated with attending a family camp.

• \$210 per adult	• \$180 per child ages 5-12	• \$75 per child 5 and under
Actual cost of your family to attend (from above)	\$
\$30.00 fee for everyone identified in need of a special diet(from above)	\$
I would like to donate to help cover the cost of families with financial need	\$
Required non-refundable deposit to reserve your spot	\$ 50.00
Total	\$
Amount included with this registration	\$

How did you hear about YAA? Radio Magazine Church Friend Website Other

For Office Use Only

Check # _____ Date Rec'd _____ Amt. Rec'd _____ Amt. of Donation: _____

Amt. Due: _____

Family Health Information		(Must be completed for Family to be registered in a camp.)	
Health/Accident Insurance Co.			
Policy #		Policy Holder Name	
Family Physician Name		Phone:	
Specific medical concerns or conditions:-Any Emergency Rescue meds such as Epi-Pen, Glucose, and Albuterol nebulizer must be listed below, and YAA Staff must be made aware of at time of registration.			
Allergies and Reaction to Allergens (excluding seasonal allergies) If None, indicate "None":			
Medically Required Dietary Restrictions: (e.g. Gluten Free, Lactose Free, Diabetic, etc.) See the YAA Special Diets Policy below List each family member by name and identify specific dietary requirements: Note: \$30 must be added to your fee calculations			

YAA SPECIAL DIETS POLICY:

YAA is committed to providing a safe camp experience for all guests. We believe that particular dietary needs of a camper should not take away from that experience. Through a partnership between YAA, the guests, most dietary needs 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 many medically necessary special diets for food sensitivities, allergies, or intolerances (such as reactions to gluten and dairy) We will also try to accommodate various food preferences such as vegan/vegetarian/pork-free requests. In general, we do strive to have a basic option at each meal for people who have food preferences. All special diets which are formally identified and requested, will be charged an additional \$30.00 per guest. **Note: YAA's kitchen DOES NOT have separation of space and DOES NOT claim to be a Kosher, Nut Free, Gluten Free or Dairy Free environment**

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. 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.
2. 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 family's special diet. If the Food Service Coordinator is not contacted prior to the week of camp, YAA may not be able to accommodate your family's dietary needs.
3. 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.

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.

Waivers/Liability Release

As the legal representative of my family, I hereby verify that all immunizations are up to date and the above information is complete and accurate to my knowledge.

The family members described above have 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 family members 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