



BEAR
2023 VENTURE OUT SUMMER DAY CAMP REGISTRATION PACKET

Dear Parent/Guardian/Caregiver,

Thank you for your interest in BEAR's Summer Day Camps! We are happy to offer exciting, educational, and strengths-based opportunities for youth in the Bitterroot Valley. Attached you will find the necessary paperwork that needs to be *completed, signed, and returned before your youth is registered*. If you are registering more than one youth, please fill out a separate form for each youth.

Below are the dates, times, and descriptions of day trips and week-long camps being offered. Day trips are on Wednesdays and each trip is a standalone event. There will also be one week with 4-day overnight camps.

Camps are open to youth who have been in 6th through 8th grades during the 2022-2023 school year. The fee for day trips is \$55/day and the fee for the 4-day overnight is \$195/camp. **Full and partial scholarships are available!** Please indicate on your form if you'd like to be considered to receive a scholarship and our staff will contact you to discuss the details.

BEAR programs are filled on a first come, first serve basis. ***A non-refundable deposit of \$25 per camp is due to complete registration. The remaining balance must be paid prior to or on the first day of camp. Please make checks payable to BEAR and mail or drop off both the registration packet and your deposit/fees to the office address listed below.***

Once we have received your youth's registration packet and deposit, our staff will contact you with more information including meeting times and places, a list of what your youth will need to bring (BEAR has lots of gear we can loan out, if needed), and any other information you need to be prepared for his/her upcoming camp.

If you have any questions or concerns, please feel free to call:

(406) 363-5410 BEAR office

(406) 209-9901 Mallory Ijames, Program Leader

Mailing address:

BEAR

1105 W. Main St.

Hamilton, MT 59840

-BEAR Summer Day Camp Staff



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2022 SUMMER CAMP SCHEDULE

YOUTH'S NAME: _____

Day Trips - Circle trip date(s) you wish to register for.

If signing up for a whitewater rafting trip, please circle only ONE date. If interested in attending both days, write "WAIT LIST" next to your second choice date and we will put you on the waiting list so other youth have a chance to sign up for this highly sought after experience.

| | | |
|-----------|-----------|--|
| July 5th | Wednesday | Ropes Course at Hieronymus Park |
| July 12th | Wednesday | Hike at Bear Creek Overlook & Swim at Blodgett Rotary Park |
| July 19th | Wednesday | Whitewater Rafting Alberton Gorge |
| July 26th | Wednesday | Fishing Bitterroot River |
| Aug 9th | Wednesday | Rock Climbing & Swimming at Alberton |
| Aug 16th | Wednesday | Hike & swim at Lake Como (FREE) |

Total number of day trips: _____ x \$55 = \$_____ Total day trip fees

Total number of day trips: _____ x \$25 = \$_____ Deposit (due at registration)

Subtract deposit from total fees owed = \$_____ Balance of day trip fees owed
(due no later than the day of the trip)

Overnight Camps - Circle camp date(s) you wish to register for.

Aug 1st-4th Camping at Rombo Campground

Total number of camps: _____ x \$195 = \$_____ Total camp fees

Total number of camps: _____ x \$25 = \$_____ Deposit (due at registration)

Subtract deposit from total camp fees owed = \$_____ Balance of camp fees owed
(due no later than the day of the trip)

SCHOLARSHIPS

BEAR strives to make our programming financially accessible to all participants by offering partial and full scholarships. We ask families to contribute what they feel they can comfortably afford and BEAR will cover the rest. To request a scholarship fill out the section below or contact our office to speak with a staff member. Families will be notified when a scholarship has been



awarded to their youth.

Are you interested in being considered for a scholarship? (yes / no)

If yes, please answer the following:

1. Does your youth qualify for free and reduced lunch? (yes / no)
2. Does your youth or anyone in their family qualify for Medicaid or Affordable Care Act benefits? (yes / no)
3. How much of the per day trip fee (\$55) is your family able to cover, if attending day trips?

4. How much of the per camp fee (\$195) is your family able to cover, if attending overnight camp? _____

Help support other youth attending camp!

If you wish to DONATE to help other families cover camp costs please indicate the amount you'd like to donate: \$ _____ or you use the Donate link at www.bearmt.org.

Your assistance would mean a lot to a local family!

Refunds and Cancellation Policy:

BEAR reserves the right to cancel trips/camps as deemed necessary. If this occurs, all registered families will be notified and deposits/fees will be 100% refunded. If you need to withdraw from a trip/camp after registration, please notify BEAR staff at 406-363-5410 or 406-209-9901 as soon as possible to allow other youth the opportunity to fill the spot. Notification of withdrawal received seven (7) days or more prior to the beginning of the trip/camp will receive a full refund minus the \$25 deposit. Notification of withdrawal received less than 7 days from the beginning of the trip/camp will forfeit all fees & deposits collected.

Office Use Only

Date form received: _____

Total fees owed for all trips/camps: _____

Amount awarded for scholarship: _____

Total deposits owed for all trips/camps: _____

Amount paid at registration: _____

Cash or Check #: _____

Amount due on first day of camp: _____

Cash or Check #: _____

Donation amount: _____

Cash or Check #: _____

Camp letter sent on (date): _____

Confidential Participant Medical Record & Questionnaire

Confidentiality statement: Information contained in this questionnaire will only be used by BEAR staff and approved volunteers, if necessary. BEAR may also release statistical information to funding agencies. To release personal information to other agencies or individuals, BEAR requires a written



release of information from the parent or guardian.

PART I: General Information

Youth's name _____ Biological Sex _____ Identified Gender _____
Preferred Pronoun _____

Address _____ Age _____ DOB ____/____/____ Grade _____

City/State/Zip _____ Height _____ feet _____ inches

Home phone # _____ Weight _____ lbs.

Youth's cell # _____ Race / Ethnicity: **(check all that apply)**
____ Caucasian, ____ African American, ____ Hispanic
____ Asian, ____ Native American
Youth's email address _____ Other _____

Does the youth qualify for free or reduced lunch **(yes / no)**?

Does the youth or anyone in their family qualify for Medicaid or Affordable Care Act benefits? **(yes / no)**

***PARENT/GUARDIAN** (**primary contact*)

PARENT/GUARDIAN

Does the youth live with this person? **(yes / no)**

Does the youth live with this person? **(yes / no)**

Name _____

Name _____

Relationship _____

Relationship _____

Address _____

Address _____

Home # _____

Home # _____

Work # _____

Work # _____

Cell# _____

Cell # _____

Email _____

Email _____

Does the youth live with a caregiver other than the parents/guardians listed above?

Name _____

Phone # _____

Relationship _____

Email _____

EMERGENCY CONTACT: (Other than parent/guardian)

Name _____

Relationship _____

Daytime Telephone # _____

Evening Telephone # _____

FAMILY PHYSICIAN _____

Telephone _____



INSURANCE INFORMATION: *Each participant is responsible for any medical expenses and should be covered by his/her own illness and accident insurance.*

DO YOU HAVE INSURANCE? Yes No

Insurance Company _____

Policy/Certificate # _____ Telephone # _____

CONSENT TO ADMINISTER MEDICATION

Consent is hereby given for the applicant to attend BEAR programs and permission is given for BEAR staff to administer prescription medications listed by the parent as well as non-prescription medication.

Please initial if you agree these medications can be administered, as needed: Tylenol _____, Ibuprofen _____, Benadryl _____, Epinephrine _____ (if available). (Epinephrine is a medication that is only given in rare circumstances such as severe allergic reactions and can have serious, including life threatening effects).

I also authorize anesthesia, operation, hospitalization or other treatment which *may* become necessary.

All information will remain confidential. You should know that over the years, many youth with a variety of medical/physical difficulties have successfully completed our programs, but we must be aware of these conditions. Failure to disclose such information could result in serious harm to you and your fellow participants.

If evacuation fees are required due to injury or illness, the parent or guardian agrees to pay all associated fees.

(SIGNATURE REQUIRED FOR REGISTRATION)

Parent/Guardian's Signature _____
Date

PART II: Participant History

A. Conditions, Symptoms, Lifestyles (Please fill in every blank)

Has your child ever had, experienced, or is currently experiencing any of the following:

| # | Condition | Y | N | # | Condition | Y | N | # | Condition | Y | N |
|---|---------------|---|---|----|--------------|---|---|----|---------------|---|---|
| 1 | Heart Disease | | | 19 | Skin Problem | | | 37 | Sleep Walking | | |



| | | | | | | | | | |
|----|-------------------------------|--|----|--|--|----|---|--|--|
| 2 | Heart Surgery | | 20 | Circulation Problems | | 38 | Broken Bones | | |
| 3 | Heart Murmur | | 21 | Bedwetting | | 39 | Neck Problems | | |
| 4 | Irregular Heartbeat | | 22 | Headaches | | 40 | Back Problems | | |
| 5 | Diabetes | | 23 | Head injury w/ neurological impairment | | 41 | Arm Problems | | |
| 6 | Tuberculosis | | 24 | Stomach Ulcers | | 42 | Shoulder Problems | | |
| 7 | Blood Disorder | | 25 | Intestinal Problems | | 43 | Pregnancy | | |
| 8 | Lung Disease | | 26 | Bladder Infection | | 44 | Knee Problems | | |
| 9 | Asthma | | 27 | Kidney Problems | | 45 | Leg Problems | | |
| 10 | Hypoglycemia | | 28 | Thyroid Problems | | 46 | Foot Problems | | |
| 11 | Seizure Disorder/Epilepsy | | 29 | Endocrine Problems | | 47 | Frostbite | | |
| 12 | Anorexia Nervosa | | 30 | Hearing Impairment | | 48 | Medical Equipment/devices | | |
| 13 | Bulimia | | 31 | Vision Impairment | | 49 | Learning Disability | | |
| 14 | Cancer | | 32 | Motion Sickness | | 50 | Special Diet | | |
| 15 | Substance Abuse | | 33 | Physical or Sexual Abuse | | 51 | Suicidal Ideations | | |
| 16 | Run Away | | 34 | Violence Towards Self or Others | | 52 | Probation or Involvement with Youth Court | | |
| 17 | Counseling | | 35 | Academic Failure | | | | | |
| 18 | Chronic pain due to injury | | 36 | Parental history of substance abuse | | | | | |

If yes to any of the above items, please explain on the next page. Include the following:

- Specific symptoms that are occurring
- How long symptom/condition lasts
- How often symptom/condition occurs
- How you care for symptom/condition
- How symptom/condition restricts your activity in any way including your ability to run, lift, and climb

| Item # | Detailed Description (including restrictions, if any) |
|--------|---|
| | |
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| | |

B. BEAR recommends that all of its participants have a current tetanus immunization (w/in 10 years). Is your child's tetanus up to date? Circle one: (yes / no).

C. Allergies (Including allergies to medicines, foods, insect bites/stings. Use back if necessary)

| Allergy | Reaction | Medication Required (if any) |
|---------|----------|------------------------------|
| | | |
| | | |

D. Current Medications (If psychiatric medication, please list any taken within the past two months)
Please list any medications your child is using, including inhalers and over-the-counter medications.

IF YOUR CHILD HAS RECENTLY STOPPED TAKING A MED, PLEASE LIST THAT BELOW AND WHEN MED STOPPED.

If not taking any medications please check **NONE**

| Medication List Below | Taken For Symptom/Condition | Dosage Size/Frequency | Date Started or Stopped | Side Effects (if any) |
|--------------------------|--------------------------------|--------------------------|----------------------------|--------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

E. Swimming Ability (Check One)

Non-Swimmer Swims with Difficulty Moderate Swimmer Strong Swimmer

F. Additional Information

Is there any other condition (physical, behavioral, or mental) not listed on this form that we should be aware of? Please explain:

**BEAR Outdoor Program
Photograph Release and Permission Form**

I _____ do hereby release to BEAR and the Dennis
(Print Parent or Guardian's Name)
and Phyllis Washington Foundation, their associates, licensees, and legal representatives the right to use



_____ picture and _____ picture,
(Print Child's Name) **(Print Parent or Guardian's Name)**

portrait or photograph in all forms and media and in all manners, for any and all purposes including but not limited to advertising in all forms and display or placement on BEAR's and/or the Dennis and Phyllis Washington Foundation's photo albums, bulletin boards, flyers, posters, brochures, newspaper advertisements, and websites. I waive any right to inspect or approve the finished product, including written copy that may be created in connection therewith. I also realize that neither myself, my or any other individual related to or not, will receive any financial gains in exchange for these posted and/or printed materials.

I further understand and agree that this is a legal and binding document and by affixing my signature hereto acknowledge that I have read and approve the foregoing and waive any rights as articulated above.

Parent/Guardian: _____ Date: _____
Signature



**BITTERROOT ECOLOGICAL AWARENESS RESOURCES, INC.
PARTICIPANT ACKNOWLEDGEMENT AND ASSUMPTIONS OF RISK
AND RELEASE AGREEMENT**

PLEASE READ THIS FORM CAREFULLY, and be aware that in signing up and participating in BEAR programs, you will be waiving and releasing all claims for injuries arising out of these programs that you might sustain. The terms “I”, “me” and “my” also refer to parents or guardians as well as participants in the programs.

I understand that participants and parents share the responsibility for participants’ safety, for assessing the risks, and for determining the participant’s suitability for the program in which he/she will participate. I have accurately completed any required BEAR application and medical forms and have reviewed all BEAR program information provided to me. I agree to obey all BEAR rules, regulations, and policies. I have no mental or physical problems or limitations that might affect my ability to participate that have not been disclosed to BEAR in writing. I have had the opportunity to ask questions about the program activities and the risks of the program in which I will participate.

I understand and acknowledge that the program(s) in which I will participate has risks and it is impossible to anticipate every activity in which I will engage. I understand I will be participating as part of a group in activities of varying physical degree and these endeavors may involve strenuous exertion. These activities may be instructional, educational, or adventurous and may include but are not limited to: hiking, backpacking, skiing and/or snowshoeing (on and off trail); camping including cooking over stoves, open fires or by other means; ropes and/or challenge courses (traversing ropes suspended off the ground, potentially at great heights, swinging or traveling by a cable and pulleys and other such activities); physical problem solving activities; rock climbing; water activities including flat and white water boating, rafting, canoeing, kayaking, and swimming; mountain biking, horseback riding, vehicle travel and travel by public, chartered or other conveyance; rescue scenarios, community and other service projects; yoga, jogging, walking and stair climbing. I understand that I may engage in other activities not listed above. The planned program may be modified for any number of reasons, including convenience, weather, emergencies or unexpected conditions. I have the option to decline to participate in any activity. I understand that BEAR activities may be rescheduled or canceled and that BEAR staff will do their best to notify participants as soon as possible.

I acknowledge that participating in BEAR programs involve inherent risks and other risks, hazards, and dangers including some not listed above that can cause or lead to death, injury, illness, property damage, mental or emotional trauma, or disability. Furthermore, activities may take place several hours or days from any medical facility and where communication, transportation, or evacuation is subject to delay. I understand that BEAR cannot assure my safety or eliminate all of these risks. I agree to assume all of the risks of the activities of my participation in the BEAR program.

I also give permission for my child to ride with BEAR staff and volunteers to or from program destinations. Drivers must carry auto liability insurance and seatbelts must be worn by passengers at all times. By signing below I agree to fully absolve BEAR and the driver from liability for any damages, injuries, or losses which might be sustained during transport.

Please sign on the next page.



SIGNATURE PAGE

- 1. I HAVE CAREFULLY READ, UNDERSTAND, AND VOLUNTARILY SIGN THE PARTICIPANT ACKNOWLEDGEMENT AND ASSUMPTIONS OF RISK AND RELEASE AGREEMENT. BY SIGNING BELOW I FULLY ABSOLVE BEAR/BITTERROOT VENTURE & ALL ITS EMPLOYEES OR VOLUNTEERS FROM ALL LIABILITY FOR ANY DAMAGES, INJURIES, OR LOSSES, WHICH MIGHT BE SUSTAINED WHILE PARTICIPATING IN THIS PROGRAM FOR MYSELF AND THE BELOW NAMED PARTICIPANT.**

Print Parent or Guardian name here

Parent or Guardian signature

Date

2. ADDITIONAL FAMILY MEMBER PARTICIPATION WAIVER

At times families (extended family and siblings) may be invited to BEAR events. Please sign below indicating that you agree to the same acknowledgement and assumption of risk and release agreement for any additional members of your family who might attend a BEAR event. (If no, leave blank.)

Print Names of Family Members who may attend events

Parent or Guardian signature

Date

- 3. SOME PARTICIPANTS MAY TRAVEL TO AND FROM BEAR ACTIVITIES WITHOUT ADULT SUPERVISION, SUCH AS WALKING OR RIDING THEIR BIKES. IF YOU ALLOW YOUR CHILD TO DO THIS WITHOUT ADULT SUPERVISION, PLEASE SIGN BELOW.** If no, leave blank and your youth will only be allowed to leave BEAR activities with their parent/guardian/caregiver or another approved adult with the consent of the parent/guardian/caregiver.

I, _____, give permission for _____
(Print Parent/Guardian's name) (Print Youth's name)

to travel to and/or from BEAR activities *without adult supervision.*

Parent or Guardian signature

Date



Parents, please review the Participant Responsibility Agreement Form with your child.

Participant Responsibility Agreement

By signing below I am agreeing to participate in one on one and/or group mentoring programs whose goals are to participate safely while everyone has fun and an opportunity to learn. While participating in group mentoring, I am aware that being outdoors and working within a group may be challenging at times.

- I agree to support other members of the group, including leaders, and ask for support when I need it.
- I agree to be respectful of all people in the area/place where we are traveling. This means I will refrain from using any putdowns, teasing people inappropriately and excluding people, either directly or subtly.
- If I decide I need to talk to someone about a difficulty I am having with him or her, I agree to approach that person in a calm and respectful manner and/or ask for assistance from a leader.
- I agree to respect the place in which we are traveling by not leaving any trash and not being destructive to the area we are in.
- I agree not to bring any weapons (pocket knives are OK only if checked-in with staff at the beginning of an activity and used after completing knife handling safety)
- I agree not to bring drugs or alcohol, or be under the influence of drugs or alcohol during any BEAR activity.

Youth Participant Signature