

BITTERROOT ECOLOGICAL AWARENESS RESOURCES, INC. (B.E.A.R.)
1105 Main St.
Hamilton, MT 59840
(406) 363-5410
www.bearmt.org



BEAR 2018 CAMPING CLUB REGISTRATION PACKET

Thank you for your interest in BEAR's CAMPING CLUB! We are happy to offer exciting, educational, and strengths-building 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.

What: Camping Club is a group of adventurous middle school aged students who retreat to the back country every quarter to backpack, explore, and build outdoor skills, doing small hands-on service projects along the way. Mostly we spend our time hiking, building fires, cooking, playing, swimming, fishing, and more!

**This is a year-round group commitment, so after the initial trip when the youth can make sure it's a good fit for them, we ask that every effort is made by families to have youth attend all of the Camping Club activities throughout the year.*

Cost: There is no charge to participate in Camping Club! We ask for modest contributions toward group gear (usually about \$25-\$50 per trip) and that each family contribute ingredients to meals.

When: Once per season/quarter. (All trips are backpacking trips except for winter, which is a cabin stay due to cold temperatures. At other times of the year, if the weather is unusually rainy or cold, rather than camping out, we may do "camp-ins" at B.E.A.R. with hikes during the day.)

How: Simply complete this registration packet and we'll set up an orientation meeting with parent(s), youth, and BEAR staff. Detailed "About Your Adventure" packets with times, dates, locations and a list of needed gear are given out before each trip. Most gear can be borrowed from BEAR if needed.

Why: Camping trips are something that many youth who have graduated the program say were some of the most memorable times in their lives. There is a unique perspective gained from wilderness living that gives kids confidence in themselves and perspective on their lives. Additionally, they gain a new appreciation of the landscape and want to take care of it for future generations - some have even said they've pursued outdoor or conservation careers as a result.

Who: B.E.A.R. staff are experienced outdoorsmen/women, are wilderness first aid certified, undergo yearly background checks, and are trained in outdoor skills as well as group facilitation. B.E.A.R. espouses a strengths-based philosophy with youth to assist them in reaching their fullest potential and to build a positive, cohesive team. When available, high school aged peer mentors, who are always supervised by adult leaders, also join the trips.

Once your youth is registered, our staff will contact you with more information including meeting times and places, a list of what your youth will need to bring, and any other information you need to be prepared for his/her upcoming camp.

Please feel free to call the BEAR office at 406-363-5410 if you have any questions or concerns. We are here to help! We look forward to meeting you and having a great time!

Participant Confidential 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 others agencies or individuals, BEAR requires a written release of information from the parent or guardian.

PART I General Information

Program(s) Name: Camping Club

Youth's Name _____

Sex Male Female

Address _____

Age _____ DOB ____/____/____

City/State/Zip _____

Height _____ feet _____ inches

Home Telephone # _____

Weight _____ lbs.

Cell # _____

Race / Ethnicity: **(circle all that apply)** White, Hispanic, Asian, African American, Native American, other: _____

Email address _____

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

PARENT/GUARDIAN

Name _____

PARENT/GUARDIAN

Name _____

Relationship _____

Relationship _____

Address _____

Address _____

City/State/Zip _____

City/State/Zip _____

Home Telephone # _____

Home Telephone # _____

Work Telephone # _____

Work Telephone# _____

Cell# _____

Cell Telephone # _____

Email address _____

Email address _____

EMERGENCY CONTACT (not parent/guardian)

Name _____

FAMILY PHYSICIAN _____

Relationship _____

Telephone # _____

Daytime Telephone # _____

Evening 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 # _____

SIGNATURE REQUIRED

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 reaction 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.**

Parent/Guardian's Signature

Date

PART II Participant History

A. Conditions, Symptoms, Lifestyles (Please check every category)

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

#	Condition	Y	#	Condition	Y	#	Condition	Y
1	Heart Disease		18	Skin Problem		36	Sleep Walking	
2	Heart Surgery		19	Circulation Problems		37	Broken Bones	
3	Heart Murmur		20	Bedwetting		38	Neck Problems	
4	Irregular Heartbeat		21	Headaches		39	Back Problems	
5	Diabetes		22	Head injury w/ neurological impairment		40	Arm Problems	
6	Tuberculosis		23	Stomach Ulcers		41	Shoulder Problems	
7	Blood Disorder		24	Intestinal Problems		42	Pregnancy	
8	Lung Disease		25	Bladder Infection		43	Knee Problems	
9	Asthma		26	Kidney Problems		44	Leg Problems	
10	Hypoglycemia		27	Thyroid Problems		45	Foot Problems	
11	Seizure Disorder/Epilepsy		28	Endocrine Problems		46	Frostbite	
12	Anorexia Nervosa		29	Hearing Impairment		47	Medical Equipment/devices	
13	Bulimia		30	Vision Impairment		48	Learning Disability	
14	Cancer		31	Motion Sickness		49	Special Diet	
15	Substance Abuse		32	Physical or Sexual Abuse		50	Suicidal Ideations	
16	Run Away		33	Violence Towards Self or Others		51	Probation or Involvement with Youth Court	
17	Counseling		34	Academic Failure				
18	Chronic pain due to injury		35	Parental history of substance abuse				

If you have checked yes to any of the above items, please explain below. 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)

BEAR recommends that all of its participants have a current tetanus immunization (w/in 10 years). Is the participant's tetanus up to date? (Circle One) Yes/No

ANSWER THE FOLLOWING ACCURATELY & FULLY; USE BACK IF NECESSARY

***B. Allergies (Including allergies to medicines, foods, insect bites/stings)**

Allergy

Reaction

Medication Required (if any)

Check here if none:

C. Current Medications *(If psychiatric medication, please list any taken within the past two months)*

NONE **or please list any medications your child is using, including inhalers and over-the-counter**

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

Medication
List Below

Taken For
Symptom/Condition

Dosage
Size/Frequency

Date Started
And Stopped

Current Side Effects
(if any)

Check here if none:

D. Swimming Ability (Check One)

- Non-Swimmer
 Swims with Difficulty
 Moderate Swimmer
 Strong Swimmer

E. 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 and Phyllis
Parent or Guardian's Name
Washington Foundation, their associates, licensees, and legal representatives the right to use
_____ picture, _____ picture,
Child's Name **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

***If you prefer not to have your youth's photograph published, you may leave the signature area blank.**

BITTERROOT ECOLOGICAL AWARENESS RESOURCES, INC.
PARTICIPANT ACKNOWLEDGEMENT AND ASSUMPTIONS OF RISKS 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 acknowledge that participating in BEAR program involves 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 HAVE CAREFULLY READ, UNDERSTAND, AND VOLUNTARILY SIGN THIS DOCUMENT. BY SIGNING BELOW I FULLY ABSOLVE B.E.A.R./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. (If participant is under the age of eighteen at the time this document is signed, at least one parent must sign the release in addition to the participant's signing.)

I, _____, give permission for _____ to ride with BEAR staff, volunteers or fellow camp parents 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.

I, _____, give permission for my child to travel to and/or from BEAR activities on their own. ***Leave blank if you do not grant permission**

Parent or Guardian signature Date Print name here

At times families may be invited to BEAR events. Please sign below indicating that you agree with the above for anyone in your family who might attend a BEAR event.

Print Names of Family Members Date Parent or Guardian signature