

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

B.E.A.R.
REGISTRATION PACKET

Dear Parent or Guardian,

Thank you for your interest in B.E.A.R.'s Venture OUT, outdoor-based mentoring programs! We are pleased to offer a number of 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 child is registered. These forms and waivers are very important; please make sure to be thorough about your child's health history so we can keep him/her safe! *Parents, please review the Participant Questionnaire & Responsibility Agreement Form with your child.*

B.E.A.R. offers several unique programs: Venture OUT Mentoring Program, Venture ED (in school programming), and summer camps:

The programs at B.E.A.R. are focused on empowering youth and broadening their horizons through experiential activities that incorporate the benefits of being outdoors. Programs are available to youth 9-17 years old.

Each youth can do the amount and type of mentoring that works best for their needs, interests, and schedule. Activities include river walks, mountain hikes, fishing, rock climbing, skiing/snowboarding, snowshoeing, skateboarding and more! Youth learn a variety of outdoor and interpersonal skills throughout their time with their mentors, all the while being focused on fun and healthy doses of challenge.

At B.E.A.R. physical and emotional safety are our primary concerns. Our mentors/program leaders are experienced in mentoring and leading youth on outdoor and experiential activities. They are CPR and First Aid certified and go through background and reference checks.

B.E.A.R. programs are filled on a first-come/first serve basis. **Our goal is to keep programs accessible to everyone.** We work hard and rely on community generosity to make this possible. B.E.A.R., Inc. does not discriminate against or act in favor of any employee, applicant, or program participant because of race, ethnicity, national origin, sex, religion, creed, marital or veteran's status, age, health, the presence of a disability, sexual orientation or any other basis prohibited by local, state, or federal laws. Program participants may contact Job Service through the Montana Department of Labor and Industry wsd.dli.mt.gov/local/hamilton/ or call 363-1822 for guidance if they feel they have been discriminated against.

Please feel free to call the B.E.A.R. office at 406-363-5410 if you have any questions or concerns. We are here to help! Thank you again for your interest in B.E.A.R.'s Bitterroot Venture Programs. We look forward to meeting you and having a great time.

Happy Trails!
B.E.A.R. staff

Confidential Participant Medical Record & Questionnaire

Confidentiality statement: Information contained in this questionnaire will only be used by B.E.A.R. staff and approved volunteers, if necessary. B.E.A.R. may also release statistical information to funding agencies. To release personal information to others agencies or individuals, B.E.A.R. requires a written release of information from the parent or guardian.

PART I General Information

Program(s) Name: Venture OUT

YOUTH

Name _____

Sex Male Female

Address _____

Age _____ DOB ____/____/____

City/State/Zip _____

Height _____ feet _____ inches

Home Telephone # _____

Weight _____ lbs.

Cell # _____
Hispanic,

Race / Ethnicity: **(circle all that apply)** White,

Asian, African American, Native American, other:

Email address _____

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

PARENT/GUARDIAN

Name _____

Relationship _____

Address _____

City/State/Zip _____

Home # _____

Work # _____

Cell# _____

Email _____

PARENT/GUARDIAN

Name _____

Relationship _____

Address _____

City/State/Zip _____

Home # _____

Work # _____

Cell # _____

Email _____

EMERGENCY CONTACT (not 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 (SIGNATURE REQUIRED)

Consent is hereby given for the applicant to attend B.E.A.R. programs and permission is given for B.E.A.R. 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 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)

B.E.A.R. 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).

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)

C. 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)

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:

**B.E.A.R. Outdoor Program
Photograph Release and Permission Form**

I _____ do hereby release to B.E.A.R. 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 B.E.A.R.'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 B.E.A.R. 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 B.E.A.R. application and medical forms and have reviewed all B.E.A.R. program information provided to me. I agree to obey all B.E.A.R. 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 B.E.A.R. 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 B.E.A.R. 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 B.E.A.R. 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 B.E.A.R. program.

I also give permission for my child to ride with B.E.A.R. staff, 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 B.E.A.R. and the driver from liability for any damages, injuries, or losses which might be sustained during transport.

Please sign on next page.

SIGNATURE PAGE

I HAVE CAREFULLY READ, UNDERSTAND, AND VOLUNTARILY SIGN THE PARTICIPANT ACKNOWLEDGEMENT AND ASSUMPTIONS OF RISK AND RELEASE AGREEMENT. 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 FOR THE BELOW NAMED PARTICIPANT.

Print participant's name here

Parent or Guardian signature

Date

SOME PARTICIPANTS MAY TRAVEL TO AND FROM B.E.A.R. ACTIVITIES WITHOUT ADULT SUPERVISION. IF YES, SIGN BELOW. IF NO, LEAVE BLANK.

I, _____, give permission for my above named child to travel
(Print Parent or Guardian Name)

to and/or from B.E.A.R. activities without adult supervision.

Parent or Guardian signature

Date

ADDITIONAL FAMILY MEMBER PARTICIPATION WAIVER

At times families (parents/guardians and siblings) may be invited to B.E.A.R. 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 B.E.A.R. event.

Print Names of Family Members who may attend events

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 program whose goal it is to participate safely while everyone has fun and has an opportunity to learn. While participating in group mentoring, I am aware that being in the 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 and the place in which 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. By agreeing to respect the area we are traveling in, I agree not to leave any trash and not to be destructive to the area we are in. I also agree not to bring any weapons (including knives), and not to bring drugs or alcohol, or be under the influence of drugs or alcohol during any B.E.A.R. activity.

Signature of Participant/Youth