

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



## **BEAR 2018 SUMMER CAMP REGISTRATION PACKET**

Dear Parent or Guardian,

Thank you for your interest in BEAR's Summer Camps! 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.

At BEAR physical and emotional safety are our primary concerns. Our instructors go through background and reference checks and are experienced at working with youth. In addition to taking our own safety measures, your youth will have the opportunity to learn his/her own safety precautions.

**BEAR programs are filled on a first-come/first serve basis. Please mail or drop off the form and check payable to BEAR 1105 Main St. Hamilton. A non-refundable fee of \$50 per camp is due to complete registration. Remaining balance must be paid prior to the first day of camp.**

**\*\*Limited scholarships are also available.\*\***

### **Sk8 Montana Overnight Camp**

June 14-17

Open to youth, entering 5th through 12th grades

\$195

*Spend four days on wheels at skate parks throughout western Montana. Skate all day and sleep under the stars during this overnight trip.*

### **Bitterroot Backpacking Overnight Camp**

June 19-22

9:00 AM on June 19th-5:00 PM on June 22nd

Open to youth, entering 6th-9th grades

\$195

*Explore the Bitterroot Mountains on this incredible multi-night adventure. Learn to travel with all you need in just one backpack and sleep under the stars with friends, new and old.*

### **River, Rock and Rope Day Camp**

July 30-August 3

9:00 AM-4:00 PM

Open to youth, entering 6th-9th grades

\$195

*This day camp is for youth who want to get outdoors and move! Two days of hiking and swimming, one day of whitewater rafting, and two days of rock climbing.*

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!

BEAR Summer Camp staff

Name of Youth: \_\_\_\_\_

To be completed by Parent: (Please circle the camp/s you wish for your youth to attend)

- 1) Sk8 Montana
- 2) Bitterroot Backpacking
- 3) River, Rock and Rope

\_\_\_\_\_ (# of camps) x \$50 deposit  
= Total Fees Included: \_\_\_\_\_

If you wish to donate to help other families cover camp costs please indicate the amount below:

\$ \_\_\_\_\_ or you may visit our Just Give link at [www.bearmt.org](http://www.bearmt.org). Your assistance would mean a lot to a local family!

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

If you selected YES please answer the following:

1. Does your youth *qualify* for free and reduced lunch? (yes/no)
2. How much of the per camp fee is your family able to cover? \_\_\_\_\_

\*Limited scholarships are available. Scholarships are based on financial need and will be awarded on a *first come first served basis*. Families will be notified if a scholarship has been awarded to your youth\*

*If your youth does not qualify for free and reduced lunch, but you have indicated that you would like to be considered for a scholarship, you will be added to a waiting list and will be notified if funding is available*

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Office Use Only

Name of Youth: \_\_\_\_\_

Date Form Received: \_\_\_\_\_

Amount paid: \_\_\_\_\_ Check #: \_\_\_\_\_

Amount Awarded for Scholarship: \_\_\_\_\_

Camp Letter Sent On (Date): \_\_\_\_\_

Amount Due on First Day of Camp: \_\_\_\_\_ Check #: \_\_\_\_\_

Donation Amount: \_\_\_\_\_ Check #: \_\_\_\_\_

**Refunds and Cancellation Policy:**

BEAR reserves the right to cancel the program for the week if enrollment is low. All of your money will be refunded.

If you are forced to withdraw from a camp, please notify BEAR at 363-5410 as soon as possible to allow other youth the opportunity to fill camp spots. If you need to cancel, your fee will be refunded minus the \$50 processing fee per camp if you notify us at least seven days prior to the beginning of camp.

# 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**

### **YOUTH**

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Telephone # \_\_\_\_\_

Cell # \_\_\_\_\_

Email address \_\_\_\_\_

**Program(s) Name** \_\_\_\_\_

Sex  Male  Female

Age \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Height \_\_\_\_\_ feet \_\_\_\_\_ inches

Weight \_\_\_\_\_ lbs.

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

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

### **PARENT/GUARDIAN**

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Telephone # \_\_\_\_\_

Work Telephone # \_\_\_\_\_

Cell# \_\_\_\_\_

Email address \_\_\_\_\_

### **PARENT/GUARDIAN**

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Telephone # \_\_\_\_\_

Work Telephone# \_\_\_\_\_

Cell Telephone # \_\_\_\_\_

Email address \_\_\_\_\_

### **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

Policy/Certificate # \_\_\_\_\_

Insurance Company \_\_\_\_\_

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.**

\_\_\_\_\_

**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)

**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)

**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:

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# **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**

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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.

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Print Names of Family Members                      Date                      Parent or Guardian signature