



## BEAR 2025 VENTURE OUT JUNIOR SUMMER DAY CAMP REGISTRATION PACKET

Dear Parent/Guardian/Caregiver,

Thank you for your interest in BEAR's Venture Out Junior Summer Day Camp! 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.

This camp is a week-long day camp that will take place from Monday July 21st - Friday July 25th. The theme of the camp is 'adventure seekers', each day will be a different outdoor activity like fishing, climbing, hiking and more. This camp also focuses on our youth's strengths, fosters self-efficacy, and encourages new connections with peers and the outdoors.

Camps are open to youth who completed the 5th grade during the 2024-2025 school year. The fee for the camp is \$195.

BEAR programs are filled on a first come, first serve basis. ***The camp fee 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 BEAR Staff Cell**

**Mailing address:**  
**BEAR**  
**515 Madison St**  
**Hamilton, MT 59840**

-BEAR Summer Day Camp Staff



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## 2025 SUMMER CAMP SCHEDULE

YOUTH'S NAME: \_\_\_\_\_

### **Adventure Seekers Day Camp: July 21st - 25th**

Total number of day trips: \_\_\_\_\_ x \$195 = \$\_\_\_\_\_ 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)

### **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)

**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:

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**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.*

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**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.

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Youth Participant Signature