



Camp Big Sky 2018 Registration Packet

Camp Big Sky is a day camp for children entering 1st through 8th grade. Camp runs for 11 weeks this summer from June 11th - August 24th. Classic camp is 1st through 4th graders, Monday-Friday, 8:30am-5:00pm. Adventurers camp is 4th through 8th graders, Monday-Thursday, 8:30am-12:30pm. Camp Big Sky is not open on the holiday July 4.

Before a camper attends Camp Big Sky, a parent or guardian must complete all required paperwork.

Registration: All registrations and payments will be **online** at <https://bscomt.org/camp-big-sky/>. Payments will be made at the time you register. You will not be able to hold days for which you have not paid in full. If you need assistance with the online registration, you may come to the yurt for assistance from a staff member.

Tuition: Classic camp tuition costs ***\$41 per day for local residents, \$50 for visitors, and \$65 for a drop-in.*** Whole weeks can be purchased at a 10% discount, ***\$185 per week for local residents, \$225 per week for visitors.*** Local status is determined by whether the camper attends school in Big Sky or not. Drop-in rates apply to anyone who registers for camp less than 7 days in advance of the desired date.

Adventurer camp tuition costs ***\$130 per session for local residents, \$180 per session for visitors.*** A session includes four consecutive half-days, Monday-Thursday, with the exception of the Golf Intensive which is only two half-days. An ***optional afternoon add-on is offered for an extra \$10 per day.*** The afternoon add-on is simply joining the Classic camp for the afternoon.

Transfers and Cancellations: Due to Camp's limited capacity, there will be ***no refunds*** for the days which you have registered, however we will accommodate ***transfers*** from an already registered date as long as we have space on the desired date. Transfers to a desired date that is less than 7 days from the date of transfer will pay the \$65 drop-in rate.

No-Show: ***No refund*** is given to any camper who does not attend a day at camp for which they hold a reservation.

Sick Policy: If your child is registered but cannot attend Camp due to illness, please notify Camp by 7:30am at the latest on the day for which you are registered. A day transfer (space allowing) or a refund is granted ***upon receipt of a doctor's note.*** If your child has been ill, they must be symptom free for 24 hours before returning to Camp.

Scholarship: The local non-profit, Women In Action, offers scholarships to children of local families age 4-17 who would like to attend summer camp. This program gives working families a chance to provide an enriching summer environment for their children as well as provide exposure to life changing experiences. Contact Women In Action at (406) 209-7098 for further details or apply online at <http://wiabigsky.org/>.



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Catering: We are proud to announce that Camp Big Sky will provide lunch each day for campers, catered by a local eatery. This summer, catered camp lunches are an optional benefit at no extra charge. Lunches include a deli sandwich and a side (e.g. a piece of fruit or chips). Please indicate whether you would like the optional catered lunch upon registration. We will also provide healthy snacks every day as well.

What to Bring to Camp: Please send the following items with your camper to prepare them for the day: personal snacks, a full water bottle, sunscreen, sun hat, jacket, comfortable shoes, water shoes, rain gear, and backpack. Bring a packed lunch if you are not eating the catered lunch. On days with specific activities, campers will also need the following: collared shirt for golfing, and swim suit and towel for swimming. Camp staff is NOT responsible for the campers' personal belongings. Camp staff will ask campers to keep all of their belongings in their backpack. ***Please label all belongings.***

Behavioral Policy: At Camp we understand that kids make mistakes, have accidents, and are learning about boundaries. Our Camp staff are trained to uphold a safe, healthy, and positive environment; and we will strive to work out any potential problems that arise at Camp. However we also expect a certain behavioral standard from all our campers. Our expectations are as follows:

1. Treat all people, property, and nature with respect.
2. Follow directions and cooperate with staff.
3. Stay within sight or sound distance of an adult at all times.
4. Use appropriate language and materials.
5. Have a positive attitude and try all activities.

If a child is unable to comply with the behavioral expectations, a Camp staff member will hold a meeting with the child and notify parents. If the behavior is not rectified after this meeting, a conference will be held with the parents. If a child's behavior continues to be disruptive and unsafe, the child will be subject to suspension or dismissal. We look forward to a fun and positive summer with your family!

Accessibility: Children with special physical, mental, or emotional requirements are considered on an individual basis. Within the scope of Camp Big Sky's abilities and resources, we make every effort to meet special developmental needs of the child. Please contact Camp for further information.



Camp Big Sky 2018 Registration Packet

Drop-off/Pick-up: Each morning at Camp an attendance sheet will be posted, listing the campers who have properly reserved the day at camp. At the beginning and end of each day, an authorized parent or guardian must sign the attendance sheet next to their child's name, notifying drop-off and pick-up. ***If upon arrival, your child's name is not on the attendance sheet, you must see a Camp Director to arrange for proper registration.*** Only authorized parents and guardians may pick-up campers at the end of the day. Another guardian may pick-up your child from camp if written permission is received from an authorized parent or guardian.

Late pick-up: The camp day ends at 5:00pm. Late pick-ups are discouraged because it puts our staff into over-time. If late pick-ups become a regular occurrence, you may be charged for that over-time and we reserve the right to deny future services.

Transportation Information: Big Sky Transit District Skyline Bus will provide transportation for campers and staff throughout the summer. We use the Skyline Bus to transport us to and from many of our daily activities including: the Whitewater Inn, Big Sky Resort Golf Course, and several Forest Service/BSCO trailheads. While riding the bus, children are required to stay in their seats at all times.

Questions and Comments: We'd love to hear from you if you have any questions or comments.

Please contact Camp by:

Email: camp@bscomt.org

Phone: (406)-640-0045

Mailing Address: PO Box 161404, Big Sky, MT 59716



Camp Big Sky 2018 Registration Packet

Parent/Guardian Acknowledgement

I acknowledge that I have carefully read and agree to the Camp Big Sky 2018 Policies.

Parent/Guardian Signature: _____

Printed Name: _____

Date: _____



Camp Big Sky 2018 Registration Packet

You must complete the following registration packet for each individual camper you are registering for Camp Big Sky. Your registration is not complete without this packet. All information provided will be considered confidential and will only be shared with Camp Big Sky staff and medical personnel.

Parent/Guardian Information

Parent/Guardian First and Last Name: _____

Mailing Address: _____

Phone Number: _____

Email: _____

Camper Information

Camper First and Last Name: _____ Gender: _____

Date of Birth (mm/dd/yyyy): _____ Grade Entering in Fall 2018: _____

Emergency Contact Information

In the event of an emergency, please notify the following individual(s).

Primary Contact Name: _____ Phone: _____

Secondary Contact Name: _____ Phone: _____

Consent for Release of Child

In addition to the parent/guardian listed above, your child will only be released to the persons designated below. If you wish your child to be released to any other individuals, your consent must be provided in writing. Proof of identification will be required.

Name: _____ Phone: _____

Name: _____ Phone: _____

Please list any persons you do **NOT** want your child released to:



Camp Big Sky 2018 Registration Packet

Allergy Information

Please identify and explain below if your child has any allergies (food, environmental, medicine). If your child carries medication for an allergy please note the prescribed medication and indicate whether your child knows how to administer the medication or if Camp staff will have to administer the medication (see Medical Release for Child below).

Food allergies or sensitivities.

Circle all that apply: (No / Yes / Life Threatening / Carries Medication)

Plant, animal, insect, or environmental allergies.

Circle all that apply: (No / Yes / Life Threatening / Carries Medication)

Medicine allergies, reactions, or limitations.

Circle all that apply: (No / Yes / Life Threatening / Carries Medication)

Other Information

In order for your child to have the most successful summer, please describe any other concerns you would like Camp staff to know about:



Camp Big Sky 2018 Registration Packet

Health Insurance Information

Please provide details of health insurance.

Name of Health Insurance Carrier: _____

Name of Policy Holder: _____

Address: _____

Policy #: _____

Group #: _____

Medical Release for Child

I hereby give my written consent and authorization, indicated by my initials, for the following:

<i>Action</i>	<i>Consent</i>
<p>Emergency Medical Care: By giving my consent I give permission to Camp Big Sky staff to provide any first aid deemed necessary for my child. If I cannot be reached, any emergency responder and/or the local medical clinic are hereby authorized to provide any emergency care deemed necessary for my child. I give permission for my child to be transported in vehicles driven by Camp Big Sky Staff (paid and volunteer) to the local medical clinic if necessary. I understand that my child will be taken to Big Sky Medical Center or Bozeman Deaconess Hospital by ambulance, at my expense, if an ambulance responds. In addition, I hereby Authorize the transfer of my child's health record to the ambulance crew, medical clinic, or local hospital if necessary.</p>	
<p>Administration of Prescription Medications: If consent is granted please indicate medication, dosage and frequency below. Medication: Dosage: Frequency:</p>	
<p>Administration of Non-Prescription Medications: If consent is granted please indicate medication, dosage and frequency below. Medication: Dosage: Frequency:</p>	



Camp Big Sky 2018 Registration Packet

My name is _____ [name of parent/guardian] and I am the parent and/or legal guardian of _____ [name of child], a minor child ("my child" or "the child"). In consideration for being granted the opportunity to participate in the 2018 Camp Big Sky (the "Activity"), I am agreeing to the terms of this waiver and release of liability ("Agreement"), including the general waiver and release of liability described below and agree to be bound by the following:

Identification of Risks: I fully understand that my child's participation in or observation of the Activity means that my child will be in an outdoor setting as an integral part of participation in the Activity. My child may be participating in or observing activities including, but not limited to: public bus riding, hiking, plant & animal identification, bicycling, scootering, field games, slack lining, bouldering, basketball, volleyball, soccer, disc golf, tennis, golf, swimming, river wading, water games, fishing, archery, arts & crafts, reading, writing, science experiments, and geocaching. Any of these Activities may, by their nature, expose my child to a variety of risks and dangers, including the risk of serious bodily injuries, death and property damage, which injuries and damage could arise out of his or her own actions or inactions, those others participating in the Activity, the weather or other conditions in which the Activity takes place, his or her health conditions, the structure or maintenance of any facilities used in connection with the Activity and equipment used in connection with the Activity. I also fully understand that all risks are not apparent, knowable or foreseeable. I acknowledge that use of protective equipment such as helmets and life jackets have benefits that may reduce or mitigate the severity of injuries to my child, but use of protective equipment is not a guarantee of safety.

Assumption of Risk: I hereby knowingly and voluntarily assume all risks, known and unknown, relating to the Activity, including the risks of serious bodily injuries such as permanent disability, paralysis or death and agree to be responsible for any and all injuries, damages, costs, expenses and other losses that could arise at any time as a direct or indirect result of my child's participation in or observation of the Activity.

Waiver and Indemnification: Aware of the risk and willing to assume them, I for my child, myself, my heirs, executors, administrators, legal representatives, assigns and successors in interest ("Representatives"), to the fullest extent permitted by law, hereby release Big Sky Community Organization, Big Sky Resort LLC, Whitewater Inn, Jack Creek Preserve Foundation, Inc., Gallatin River Task Force, Montana Conservation Corps Inc., U.S. Forest Service and each of their affiliated or parent companies, subsidiaries, officers, directors, members, managers, employees, agents, guides, trainers, doctors, officials, organizers, concessionaires, volunteers or sponsors (collectively, the "Released Parties") from any and all claims by me, my child, or my Representatives in any way connected with my child's preparation for and/or participation in or observation of the Activity, both in law and in equity, in any way arising out of or resulting from damage to property or personal injury, conscious suffering, or death sustained by me, my Representatives or my child. Release from liability includes loss, damage, or injury resulting from intentional acts, failure to act, negligence, or any other cause or causes; except where caused by the gross negligence or willful or wanton misconduct of any of the Released Parties. This waiver and release shall bind me, my Representatives, my child any and all relatives, personal representatives, heirs, beneficiaries, next of kin, subrogees or assigns who might pursue any legal action or claim on my child's behalf.

I on behalf of myself, my Representatives and my child further agree that I WILL DEFEND, INDEMNIFY AND HOLD HARMLESS the Released Parties against all claims, demands and causes of action, including court costs and reasonable attorneys' fees, directly or indirectly arising from any action or other proceeding brought by or prosecuted contrary to this Agreement for the benefit of me or my child. This Agreement extends to all claims of every kind and nature whatsoever, whether known or unknown.



Camp Big Sky 2018 Registration Packet

Insurance: I on behalf of myself and my child currently have and agree to maintain throughout their participation, valid and sufficient medical and accident insurance. I understand that this is my sole responsibility and release all persons and entities from providing this coverage for my child.

Emergency Medical Care: I verify that my child has no past or current physical condition that might affect their participation in Activity. In the event my child is in need of emergency medical treatment, I hereby authorize any medical care provider to carry out first aid or any emergency medical care and I accept responsibility and agree to indemnify the Released Parties for all such medical care and expenses.

Photo Release: I hereby grant permission to the Released Parties the right to use my or my child’s photograph(s) in all forms and media and in all manners, including composite or other representations, for brochures, advertising and any other lawful purposes, and I waive any right to inspect or approve the finished product.

Applicable Law: This waiver and release shall be governed by Montana Law and exclusive jurisdiction for any such claims shall be in State District Court in Gallatin County, Montana, or in a Federal District Court in Montana.

Severability: A determination of invalidity of any one or more of the provisions or conditions hereof by judgment, order or decree of a court shall not affect in any manner the other provisions hereof which shall remain in full force and effect.

**THIS AGREEMENT SHALL BE EFFECTIVE UNTIL TERMINATED IN WRITING BY
BIG SKY COMMUNITY ORGANIZATION’S CAMP BIG SKY**

_____ | _____
CHILD’S NAME **BIRTH DATE**

I state that I am the parent or legal guardian of the above named minor child and as parent/legal guardian of this above named child, I agree to the terms and conditions identified above on behalf of myself and minor child and I am consenting to his/her participation and acknowledge that I understand that any and all risks, whether known or unknown, is expressly assumed by me and all claims, whether known or unknown are expressly waived in advance.

I HAVE READ THIS WAIVER AND RELEASE OF LIABILITY CAREFULLY, AND HAVING DONE SO I AM SIGNING IT VOLUNTARILY AND UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS, INCLUDING MY RIGHT TO SUE. I AM AWARE OF THE LEGAL CONSEQUENCES OF THIS AGREEMENT AND INTEND BY MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THIS GRETEST EXTENT ALLOWED BY LAW.

_____ | _____
SIGNATURE OF PARENT/LEGAL GUARDIAN **DATE**

_____ | _____
PRINT NAME **RELATIONSHIP TO CHILD**

_____ | _____
ADDRESS – MAILING ADDRESS **CITY, STATE, ZIP CODE**