

# SnowCraze 2012 Registration Form

One camper per form

Please complete all applicable parts on both sides of form. Use pen and send to:  
Yellowstone Alliance Adventures; 13707 Cottonwood Canyon Rd; Bozeman, MT 59718

Name \_\_\_\_\_ Nickname \_\_\_\_\_

Male  Female

Address \_\_\_\_\_

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

Email: \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Grade: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Prior years at YAA: \_\_\_\_\_

Parent /Guardian 1: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address (if different) \_\_\_\_\_

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

Email (for confirmation) \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent /Guardian 2: \_\_\_\_\_

Address (if different) \_\_\_\_\_

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

Email (for confirmation) \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact (if parent/guardian not available): \_\_\_\_\_

Address \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_ Authorized Pickup  Yes  No

Contact Notes: \_\_\_\_\_

Church name \_\_\_\_\_ Address \_\_\_\_\_

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

Pastor Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Cabin Buddy choices: #1 \_\_\_\_\_ #2 \_\_\_\_\_

*(We will try to put you with at least one buddy, although not guaranteed)*

YAA uses photos and video clips of each camp for promotional purposes,  
please sign if you DO NOT want your child to appear in our material. \_\_\_\_\_

How did you hear about SnowCraze?  Church  Friend  Relative  School

Other: \_\_\_\_\_

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## Medical Form

(Must be completed for child to be registered in a camp.)

Physician Name \_\_\_\_\_ Phone: \_\_\_\_\_

Health/Accident Insurance Co. \_\_\_\_\_

Policy # \_\_\_\_\_ Policy Holder Name: \_\_\_\_\_

Medical allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Food allergies: \_\_\_\_\_

Other allergies: \_\_\_\_\_

Special information \_\_\_\_\_

*I hereby verify that all immunizations are up to date and the above information is complete and accurate to my knowledge. I hereby grant permission for my child to receive first aid and emergency treatment by the camp nurse and/or staff in the event of illness or injury, or by the hospital emergency room in case I cannot be reached immediately. I voluntarily waive any claims against Yellowstone Alliance Adventures, camp personnel, or other person(s) transporting my child, against all liability, claims, damages, attorney fees and expenses arising out of or in connection with any activities of the above organization. I agree to notify the camp of any changes prior to the start of the camp session. Note: A separate liability release will be required by Bridger Bowl for skiing.*

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

## SnowCraze 2012 Fee Worksheet February 17<sup>th</sup> to 20<sup>th</sup>\*

SnowCraze Registration Fee \$130

Bridger Bowl Skiing:

Lift Ticket \$41

Equipment Rental \$25

SnowCraze 2012 T-shirt Size:  Small  Medium  Large  Extra Large \$15

**All registrations must be accompanied by a \$50 non-refundable deposit. Full registration and skiing fees must be paid by February 8<sup>th</sup>. Late fee of \$25 will be charged for any registration received after February 8<sup>th</sup>.**

Subtotal (from above) \_\_\_\_\_

I would like to make a donation to the camp scholarship fund \_\_\_\_\_

Total \_\_\_\_\_

Amount Paid \_\_\_\_\_

### For Office Use Only

				Late Fee	_____
Check #	_____	Date Rec'd	_____	Amt. Rec'd	_____
				Amt. Due	_____