

# Youth Camp Registration Form

One camper per form

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

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

Male  Female

Address \_\_\_\_\_

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

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

Email \_\_\_\_\_

Grade entering Fall 2012: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Prior years at camp: \_\_\_\_\_

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

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

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

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

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

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

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 \_\_\_\_\_

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

Authorized Pickup  Yes  No Person not authorized to pickup: \_\_\_\_\_

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

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

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

Siblings attending in 2011 \_\_\_\_\_

I'm a first-timer, the friend who brought me is: \_\_\_\_\_

I'm bringing the following friend(s) who is a first-timer at YAA \_\_\_\_\_

Cabin Buddy choices: #1 \_\_\_\_\_ #2 \_\_\_\_\_  
*(We will try to put you with at least one buddy, although not guaranteed)*

Number of family members attending the BBQ at the end of the week: \_\_\_\_\_

How did you hear about us: \_\_\_\_\_

YAA uses photos and video clips of each camp for promotional purposes,  Yes  No  
please sign if you DO NOT want your child to appear in our material. \_\_\_\_\_

Skill Builder choices: #1 \_\_\_\_\_ #2 \_\_\_\_\_

You will be able to be in at least one of your chosen skill builders, although not guaranteed for both.

Choose from: Hiking/Camping Skills, Geo Caching/Orienteering, Archery, Riflery, Climbing, Crafts, Canoeing, Mountain Boarding, crafts, or discipleship study. Not all activities are available for all ages.

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## Medical Form

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

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

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

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

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

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

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

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

Over-the-counter medications camper should NOT receive: \_\_\_\_\_

Special information/restrictions \_\_\_\_\_

*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 any loss, personal injury, accident, misfortune, or damage to the named camper or his/her property, with the understanding that reasonable precautions shall be taken to ensure the health and safety of the named camper. I agree to notify the camp of any changes prior to the start of the camp session.*

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

\_\_\_\_\_  
Date

## Youth Camp Fee Worksheet\*

### Overnight Camps:

3<sup>rd</sup>-4<sup>th</sup> Grade June 17-22       7<sup>th</sup>-9<sup>th</sup> Grade July 8-13       3<sup>rd</sup>-5<sup>th</sup> Grade July 15-20

5<sup>th</sup>-6<sup>th</sup> Grade June 24-29       Sr. High July 3-7       6<sup>th</sup>-8<sup>th</sup> Grade July 22-27

**Wilderness Adventure Camps:**       6<sup>th</sup>-8<sup>th</sup> Grade July 8-13       9<sup>th</sup>-12<sup>th</sup> Grade July 15-20

### Day Camps:

1<sup>st</sup>-5<sup>th</sup> Grade June 18-22       Premier Soccer June 11-15

1<sup>st</sup>-5<sup>th</sup> Grade June 25-29

All registrations must be accompanied by a \$50 non-refundable deposit. Only registrations postmarked accordingly are eligible for our discounts. *Please circle applicable fee.*

Overnight Camps **Full Fee** - \$255 **Before April 15<sup>th</sup>** - \$235 (Paid in full)

Adventure Camp: 6<sup>th</sup>-8<sup>th</sup> grade **Full Fee** - \$255 **Before April 15<sup>th</sup>** - \$235 (Paid in full)

Adventure Camp: 9<sup>th</sup>-12<sup>th</sup> grade **Full Fee** - \$300 **Before April 15<sup>th</sup>** - \$280 (Paid in full)

Day Camp Full week \$135 or \$30/day      Days attending:     Mon    Tues    Wed    Thurs    Fri

Soccer Camp Full week \$135 or \$30/day      Days attending:     Mon    Tues    Wed    Thurs    Fri

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

Store/Craft Money – suggested \$30 \_\_\_\_\_

Discount - \$20 qualified C&MA Scholarship (indicate church name on page 1) \_\_\_\_\_

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

Total \_\_\_\_\_

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

*\*In order to offer the lowest possible rate to attend YAA, we underwrite 20%-25% (depending upon when you register) of the actual \$275 cost for our camps. This is possible because of generous donations to our scholarship program and general fund.*

For Office Use Only					
Store Credits - \$5 for each first-time friend _____					
Scholarship _____					
Check # _____	Date Rec'd _____	Amt. Rec'd _____	Amt. Due _____		
Sent Ack. _____	Final Pmt. _____	Date _____	Check No. _____		