



# REGISTRATION PACKET 2019



**THE BASICS:** Camp Big Sky is a community day camp for children entering 1<sup>st</sup> through 8<sup>th</sup> grade. Camp runs for 11 weeks starting on June 10, ending August 23 at the Big Sky Community Park. Camp Big Sky is not open on the holiday of July 4<sup>th</sup>.

1. **Pioneers** (previously called the 'Classic' camp): 1<sup>st</sup> through 3<sup>rd</sup> graders, Monday-Friday, 8:30am-5:00pm
2. **Explorers** (previously Adventurers): 4<sup>th</sup> through 6<sup>th</sup> graders, Monday-Thursday, times vary per camp, typically 8:30am-12:30pm with an afternoon add-on option.  
**\*7<sup>th</sup> & 8<sup>th</sup> graders are welcome, but will have leadership roles**

**COMMUNICATION:** Camp Big Sky will be communicating with parents via email in addition to the free Team Reach App. Please let us know if you have any questions or concerns.

**Group Name:** BSCO Camp Big Sky

**Group Code:** CampBS2019

***A parent or guardian must complete ALL required paperwork before the camper attends Camp Big Sky.***

## REGISTRATION POLICIES

**REGISTRATION:** All registration forms and payments are available online at the [bscomt.org](http://bscomt.org) website. 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, except for WIA Scholarship Applicants. Please visit the registration website for more details.** If you need assistance with the online registration, please contact Mackenzie Johnson, Program Manager at [mackenzie@bscomt.org](mailto:mackenzie@bscomt.org)

## TUITION:

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.

**Pioneers:** You now have the option to register for single days, or their entire week for a 10% discount

OPTIONS	Local	Visitor
Daily	\$40	\$50
Weekly	\$180	\$225
Drop-In	\$65/day	\$75/day

**Explorers:** Start and end times vary

OPTIONS	Local	Visitor
Weekly Mon-Thurs, 1/2 Days	\$130 OPTION: \$10/day afternoon add on	\$180 OPTION: \$10/day afternoon add on

**SCHOLARSHIPS:** 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 (WIA) at (406) 209-7098 for further details of apply online at <http://wiabigsky.org/>

**TRANSFERS & CANCELLATIONS:** 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 preferred date that is less than 7 days from the date of transfer will pay the \$65 (local) OR \$75 (visitor) 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 doctors note**. If your child has been ill, they must be symptom free for 24 hours before returning to camp.

#### **GENERAL POLICIES**

**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 the Camp Manager 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 will be charged for that over-time and we reserve the right to deny future services.


**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 us for further information.

**TRANSPORTATION:** 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/from many of our daily activities including: the Whitewater Inn, Big Sky Resort Golf Course, and several Forest Service/BSCO trail heads. While riding the bus, children are required to wear seatbelts and stay in their seats at all times.

**BEHAVIORAL POLICY**

*We look forward to a fun and positive summer with your family*

At Camp we understand that kids make mistakes, have accidents, and are learning about boundaries. Our Camp Staff is trained to uphold a safe, healthy and positive environment, and we strive to work out any potential problems that arise. However, we also expect a certain behavioral standard from all our campers. Our expectations are as follows and are discussed daily with the campers during morning meeting:

RESPECT YOUR TOES!!!	By doing the following....
TEACHERS OTHERS ENVIRONMENT SELF 	<ol style="list-style-type: none"> <li>1. Follow directions and cooperate with staff</li> <li>2. Treat all people, property, and nature with respect</li> <li>3. Stay within sight or sound distance of an adult at all times</li> <li>4. Use appropriate language and materials</li> <li>5. Have a positive attitude and try all activities</li> <li>6. HAVE FUN!</li> </ol>

**Parents or guardians will be informed of inappropriate behavior and contacted to discuss corrective solutions.**

**We will not tolerate bullying, hitting or other violent behavior. If an incident occurs where a child conducts himself/herself in such a manner which jeopardizes their safety or the safety of others the following steps will be taken:**

1. **First Violation:** A staff member will address and document the issue directly with the child. The child may be removed from an activity for the day, such as choose your own activity, free time, etc. Parents will be briefed at the end of the camp day depending on the severity of the incident.
2. **Second Violation:** A staff member will address and document the issue directly with the child. The parent or guardian will receive a phone call and may be asked to pick up their child within the hour depending on the severity of the incident.
3. **Third Violation:** A staff member will address and document the issue directly with the child. Parents may be contacted immediately to pick up their child from camp. The child may be suspended for the day or week that he/she is registered for depending on the severity of the incident.
4. **Fourth Violation:** Child will be dismissed from camp for the remainder of the program.

**Please Note:** We reserve the right at any time to dismiss your child from the program immediately if we deem unsafe placement due to environment, physical, emotional, or other harm to themselves, other children, and staff.

**WHAT TO BRING**  
*Don't forget to label all belongings*

Please send the following items with your camper to prepare them for the day:

- **Backpack**
- **Sack Lunch (AM & PM snacks will be provided)**
- Full water bottle
- Sunscreen, sunglasses and/or hat, jacket
- Comfortable, closed-toe shoes
- Rain gear

On days with specific activities, campers will also need the following:

- Golf (EVERY WEDNESDAY): collared shirt
- Swimming: swim suit and towel
- River Walks/Fly Fishing: water shoes

Camp staff is **NOT** responsible for the campers' personal belongings. Camp staff will ask campers to keep all their belongings in their backpack.

**TECHNOLOGY POLICY:** Camp is designed to experience something new and different. Cell phones, I-pads and other electronics are not encouraged as they take away from the group experience. If a child brings an electronic to camp, they will always be required to keep it in their backpack and to leave it at home moving forward.

**QUESTIONS & COMMENTS**

We'd love to hear from you. If you have any questions or comments, please contact:

**BSCO Program Manager:** Mackenzie Johnson, [mackenzie@bscomt.org](mailto:mackenzie@bscomt.org)

**Camp Manager:** Richard Sandza, [camp@bscomt.org](mailto:camp@bscomt.org)

**BSCO Phone:** (406) 993-2112

**Camp Phone:** (406) 640-0045

## REGISTRATION FORM

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

### PARENT/GUARDIAN INFORMATION:

Parent/Guardian First and Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

### CAMPER INFORMATION:

Camper Name (First and Last): \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_\_ Grade Entering in Fall 2019: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION:

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

Primary Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Secondary Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Health Insurance Carrier: \_\_\_\_\_

### 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: \_\_\_\_\_

### CAMP BIG SKY SUPPLIES

Please select from the options below if you would like to purchase the following:

**T-shirt (\$15)**

Youth Size: \_\_\_\_\_ Green OR Blue: \_\_\_\_\_

Adventurer or Pioneer: \_\_\_\_\_

**Hooded Sweatshirt (\$30)**

Youth Size: \_\_\_\_\_ Green OR Blue: \_\_\_\_\_

Adventurer or Pioneer: \_\_\_\_\_



**MEDICAL INFORMATION**

Please identify and explain below if your child has any allergies. 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 on following page).

**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:**

For your child to have the most successful summer, please describe any other concerns you would like camp staff to know about:

---

---

---

---

**HEALTH INSURANCE INFORMATION:**

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:

<b>Action</b>	<b>Consent</b>
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 the 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.	
Administration of Prescription Medications: If consent is granted please indicate medication, dosage and frequency below. Medication: Dosage: Frequency:	
Administration of Non-Prescription Medications: If consent is granted please indicate medication, dosage and frequency below. Medication: Dosage: Frequency:	

**PARENT/GUARDIAN ACKNOWLEDGEMENT**

I acknowledge that I have read the registration packet carefully and agree to the Camp Big Sky 2019 Policies.

Parent/Guardian Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_

## LIABILITY WAIVER

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 2019 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 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.



Big Sky Community Organization  
2019 Camp Big Sky

**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 GREATEST EXTENT ALLOWED BY LAW.**

\_\_\_\_\_|\_\_\_\_\_  
**SIGNATURE OF PARENT/LEGAL GUARDIAN** **DATE**

\_\_\_\_\_|\_\_\_\_\_  
**PRINT NAME** **RELATIONSHIP TO CHILD**

\_\_\_\_\_  
**ADDRESS – MAILING ADDRESS** **CITY, STATE, ZIP CODE**

\_\_\_\_\_  
**EMAIL ADDRESS**