Registration Form

RECRUITER: _____

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.

Overnight Camps — Week ❑ 1 ❑ 2 ❑ 3 ❑ 4 ❑ 5 ❑ 6
Day Camps — ❑ 1st-5th grade program ❑ Premier Soccer
Family Camps — ❑ July 4th ❑ Labor Day
Family Campers - please complete form on reverse side.
Leadership Training — ❑ Timothy Program ❑ Joshua Project

Name _____ ❑ Male ❑ Female

Grade entering _____ Date of birth _____ Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____ Email _____

Siblings attending in 2009 _____

Church name _____ Church phone _____

Name of parents/guardians _____

Work phone (Mom) _____ (Dad) _____ Cell _____

Address of parents/guardian (if not the same) _____

City _____ State _____ Zip _____

Emergency contact (if parent/guardian not available) _____

Relationship _____ Phone _____ Cell _____

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.)

Shirt Size: ❑ Youth _____ *(Size)* ❑ Adult _____ *(Size)*

Number of family members attending the BBQ at the end of the week _____

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. _____

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

Health/Accident Insurance Co. _____

Policy # _____ PPO _____

Please list any medical allergies, medications being taken, medical problems or other pertinent 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.

_____ _____
Signature of parent or guardian Date

Family Camp Registration *One family per form.*

❑ July 2nd - 5th ❑ September 3rd - 6th

Parents' Names _____ Phone _____

Total # attending _____ Children's names & ages _____

_____

Address _____ City _____ State _____ Zip _____

We would like the following:

❑ One cabin ❑ Bring own RV ❑ Bring own tent ❑ We will commute

❑ We'd like to share a cabin with: _____

attending first dinner _____

Please inform us of any special needs or requests _____

_____

Fee Worksheet*

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

Camp	Full Camp Fee	before March 30	before May 1
Overnight Camps	$245	$220	$235
Timothy Program	$350	—	—

Day Camp ($25/day) Full week $100

Soccer Day Camp ($30/day) Full week $125

Family Camps require the $50 deposit to register and we suggest the following fees to be given as a free-will offering with your registration or at camp:
$125/10 years and older • $75/5-9 years • free/4 years and under

Subtotal (from above) _____

Store/Craft Money - suggested $30 _____

Discount - $20 qualified C&MA Scholarship _____

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 _____