



Eagle Mount 2018 Summer Day Camp Programs – Participant Registration

Return to: Eagle Mount Billings-1140 16th Street West, Suite 12, Billings, MT 59102
 406-969-2949(office) 406-969-2952(fax) info@eaglemount.us

Peace Lutheran Church
 1301 Avenue D, Billings, MT 59102 – 13th Street W. & Ave. D

Dates	Time	Camp	Ages	Camp Price	Transportation (optional)
June 11– June 28	9:00am–3:00pm	Eagle Mount Camp Session 1	11-21y.o.	\$300	\$150
July 9 – July 12	12:30pm-4:30pm	Eaglet Camp	5-10y.o.	\$150	-
July 16 – July 19	9:00am-3:00pm	Eagle Adventure Camp	11-21y.o.	\$200	\$100
July 23–August 9	9:00am-3:00pm	Eagle Mount Camp Session 2	11-21y.o.	\$300	\$150

***All camps run Monday – Thursdays, please refer to the website www.eaglemount.us for descriptions. Staffing Ratios are 1 staff to every 5 children (1:5)**

Camper's Name: _____ T-Shirt Size: _____

Sex: M /F (Circle) Age: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Parent/guardian(s) Name: _____ Email: _____

Please indicate the best phone number to reach you **DURING CAMP** as well as an alternate number:

_____ (Preferred) _____ (Alternate)

Emergency Contact/ Relationship / Phone: _____
(Someone different than listed above)

Please designate the name and number of the person dropping off and picking up the camper

Designated person drop off/Phone: _____

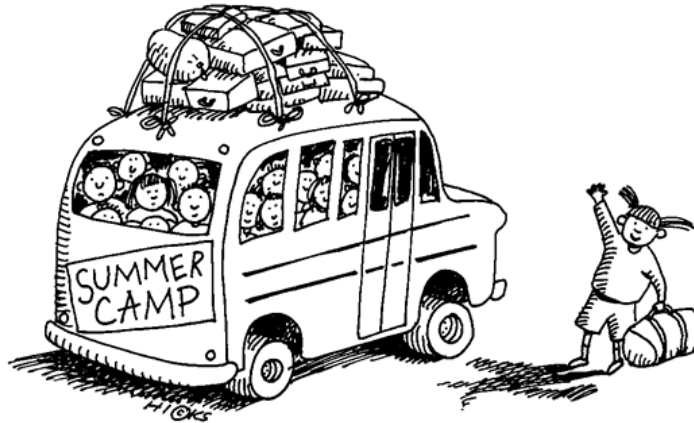
Designated person pick-up/Phone: _____

**Please inform us in advance if an alternate person is picking up the camper at the end of the day.*

Campers will not be allowed into the building before 30 minutes before camp start time to allow appropriate preparations and staffing. They are expected to be picked up within 30 minutes after camp ends. Eagle Mount Billings is NOT allowed to leave campers at the church unattended after day programming is complete. Campers who have not been picked up will be taken back to the Eagle Mount Billings office where a designated individual can pick them up.

Transportation DURING camp:

A large part of the camp is to experience the community. We use the Eagle Mount vehicles to go to and from Peace Lutheran Church. The capacity of wheelchair availability per session is 4 (Two per bus). Campers who use a stroller and can be transferred into a regular seat do NOT count toward the 4 spots. To ensure that all campers and volunteers are accounted for during camp, all campers and volunteers under the age of 18 are required to be transported to/from community outings in Eagle Mount vehicles, unless pre-arranged.



Transportation To / From camp (Optional):

**Please note that transportation fees are NOT covered by Eagle Mount financial assistance.*

Pick Up Address: _____

Drop Off Address if different than pick-up: _____

For the safety of each camper, Eagle Mount will not leave a child at a location without a designated person present. Designated person must be 18+ years or older. If transportation is dropping off your child and no one is present, children will be brought back to the Eagle Mount office at the end of the run for a parent/guardian to pick up.

Designated person at pick up: _____

Designated person at drop off: _____

MEDICAL / HEALTH

Primary Disability/Diagnosis: _____ Secondary Disability(ies)/Diagnosis: _____

Please check (☑) the description that best describes the camper: *(Completion of the section below provides information for our instructors to prepare a more individualized lesson and potential adapted equipment.)*

Physician approval is NOT mandatory. However, if your child has medical limitations that are seen as high risk that need additional attention or changes in your child’s medical status occurred from time of application, Eagle Mount may request physician approval to participate.

Mobility

- Walks without any difficulties /assistance
- Walks with minimal assistance especially over uneven surfaces
- Walks with a mobility device such as a walker/crutch
- Dependent - Does not walk or walks only a few steps with assistance - Power WC / Manual WC / Stroller (circle)

Communication Style

- Can verbally communicate ALL needs/wants, likes/dislikes, yes/no, etc.
- Can verbally communicate SOME needs/wants, likes/dislikes, yes/no, etc. However, is also able to communicate non-verbally without difficulties or translation.
- Uses an assistive technology device/PEC to communicate. Please identify:

- Can communicate some needs/wants, likes/dislikes, yes/no, etc. by using the following non-verbals please describe (i.e. facial expression, movements, tongue, blinks, etc.):

OTHER (Please describe): _____

Toileting:

Eagle Mount is unable to provide hands-on assistance with toileting, cathing or diaper changes. However, supervision, reminders and clothing assistance may be provided. We understand that accidents happen and can assist at those times. If “accidents” become common place, guardian/s may be contacted to discuss a plan of options. Campers who need consistent assistance will need to have a 1:1 provided. Please contact the office if you have any questions.

Medical

- Seizures: Multiple seizures daily/weekly Less than 3 Seizures a mo. Less than 6 seizures a yr.
- Fainting / loss of conscience with limited to no notice
 - Allergies – (food/animal/environmental/medication): _____

Does the participant have any surgery/complication that would be a barrier to participate? Y / N

If Yes, Please explain:

Please identify any additional health concerns that would directly impact participation: _____

Will your child need medication administration during camp? Y / N

If “Y”, Can they administer medication independently if the medication is placed into their hand? Y / N

**Medication that needs to be taken during camp should be placed in a clearly labeled envelope/bottle. If possible, only send dose needed during camp programming hours. If medication has specific directions or time of administration, please ensure that camp director is aware. Please note that Eagle Mount staff cannot administer tube feedings or cathing.*

Medication / First Aid

Our camp staff and volunteers are only allowed to provide basic first aid. (i.e. cleaning minor abrasions/cuts, Band-Aids, ice packs, heat packs, ointments, minor stings/bites) In case of emergency, all staff are CPR/First aid certified.

Eagle Mount Billings asks that diapers/wipes/extra clothing (if needed) or specific sunscreen be sent along with child from home, Eagle Mount has additional supplies on hand.



PARENT / CAREGIVER QUESTIONNAIRE

To help our camp staff and volunteers provide the best experience for all campers we ask you to provide information to help us get to know each camper and pair them up with an appropriate buddy volunteer. This year we plan to have a 1:5 ratio of adults to campers. Part of what makes Eagle Mount Day Camp a unique experience is having Jr. “buddy” Volunteers. Our goal is to have 10 buddy volunteers every day to be paired up with our campers. If a buddy and a camper appear to have a good relationship we will work our best to try and maintain consistency in our pairings.

Camper Name: _____ Age: _____ M / F

Disability: _____

Does this camper have a history of being a “runner”? Y or N

Top 3 favorite recreation activities to do outside of camp:

- 1. _____
- 2. _____
- 3. _____

Favorite music, games, songs: _____

IF this camper is upset what are some of tips / tricks / phrases that help calm down and redirect?

Is there any specific triggers that may cause a negative reaction? _____

Eagle Mount Billings regards safety as our first concern. Participants in any of the programs may be removed or excluded from a program for behavior that is deemed by the organization to be a danger to self or others. Parents/caregivers will be contacted by the camp director if immediate action needs to take place that day. The executive director will contact parents / caregivers if there is a persistent concern that is deemed to be a danger to self or others. (Camp staff are required to follow safety/behavior policy – sent to the camper’s family prior to camp.)



PAYMENT

Please place an "X" next to the session(s) you wish to attend.

X	Dates	Time	Camp	Ages	Camp Price	Transportation (optional)	
						Y or N	\$
	June 11– June 28	9:00am–3:00pm	EM Camp Session 1	11-21y.o.	\$300	Y or N	\$150
	July 9 – July 12	12:30pm-4:30pm	Eaglet Camp PM	5-10y.o.	\$150	-	
	July 16 – July 19	9:00am-3:00pm	Eagle Adventure Camp	11-21y.o.	\$200	Y or N	\$100
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TOTAL							

Will you be working with another agency for billing purposes? Y / N

- STEP RSD
- RSS Other: _____
- AWARE

If applicable: What is the name and contact number of your case manager/staff that you are working with to obtain additional funding?

Name: _____ Phone number: _____

If you are **NOT** working with an external funding source, please print the name and number of the person responsible for payment:

Name: _____ Phone number: _____

Will you be seeking financial assistance from Eagle Mount? Y / N

**If "Y" please contact the office to obtain financial assistance paperwork 969-2949.*

Please note that transportation fees are NOT covered by Eagle Mount financial assistance.

<p>To better assist us with grants we are asking if the participant is considered at or below low income? (If unsure use chart for reference)</p> <p>Circle one: YES or NO</p>	<table border="1"> <tr> <td>1 Person</td><td>2 Person</td><td>3 Person</td><td>4 Person</td><td>5 Person</td><td>6 Person</td><td>7 Person</td><td>8 Person</td> </tr> <tr> <td>34,550</td><td>39,500</td><td>44,400</td><td>49,350</td><td>53,300</td><td>57,250</td><td>61,200</td><td>65,150</td> </tr> </table>	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person	34,550	39,500	44,400	49,350	53,300	57,250	61,200	65,150
1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person										
34,550	39,500	44,400	49,350	53,300	57,250	61,200	65,150										

***Please Note: If a camper does not attend a full camp session or utilize all days of transportation money will only be reimbursed for major medical situations, emergencies, or by the discretion of executive director. All situations will be determined on a case-by-case basis.**

Disabled Sports USA Waiver & Release of Liability, and Media Release Agreement Disabled Sports USA,

and its affiliated Chapters ("Released Parties") are non-commercial, not for profit activity providers. The purpose of this agreement is to exempt, waive and relieve Released Parties from any and all liability for wrongful death, personal injury, and property damage, including, but not limited to, liability arising from the negligence of Released Parties. "Released Parties" include Disabled Sports USA, Eagle Mount Billings and their representatives, administrators, directors, agents, coaches, employees, and volunteers; other participants, sponsoring agencies, sponsors, and advertisers; and, if applicable, the owners, operators, and lessors of premises on which the activities or events take place.

In consideration of the undersigned Participant being allowed to participate in any way in Disabled Sports USA and/or Eagle Mount Billings related events and activities, the Undersigned ("Undersigned" means the Participant or the Participant's parent, legal guardian, or legal representative when the Participant is under the age of 18 or legally incapacitated) agrees and acknowledges as follows:

1. Risks of Activity. Participant will be taking part in activities that can be hazardous and involve the risk of physical injury and/or death. The activities are inherently dangerous and Undersigned fully realizes the dangers of participating in the activities. The dangers and risks of the activities include, but are not limited to the condition of the premises and equipment, and the acts, omissions, representations, carelessness, and negligence of the Released Parties. Recognizing the risks and dangers, the Undersigned voluntarily chooses for Participant to participate in the activities and expressly assumes all risks and dangers of the participation in the activity, whether or not described above, known or unknown, inherent, or otherwise.

2. Release and Indemnification. Undersigned (a) unconditionally releases, forever discharges, and agrees not to sue the Released Parties for any claims or causes of action for any liability or loss of any nature, including personal injury, death, and property damage, arising out of or relating to Participant's participation in the activities, including, but not limited to claims of negligence, breach of warranty, and/or breach of contract the Undersigned may or will have against the Released Parties; and (b) agrees to indemnify, defend, and hold harmless the Released Parties from and against any liability or damage of any kind and from any suits, claims or demands, including legal fees and expenses whether or not in litigation, arising out of, or related to, Participant's participation in the activities.

WARNING: It is the law of the State of Montana that a person is not liable for damages sustained by another solely as a result of risks inherent in equine activities if those risks are or should be reasonably obvious, expected or necessary to persons engaged in equine activities. (27-1-725 to 27-1-727, MCA)

3. Helmet Use. Undersigned agrees that Participant shall use a helmet when participating in the following activities: Alpine skiing, cycling, equestrian, ice hockey, outdoor rock climbing, snowboarding, white water kayaking, white water river rafting, and any other activity when directed by Released Parties. Undersigned understands that a helmet is in no way a guarantee of safety and that no helmet can protect the wearer against all foreseeable impacts to the head, and that the activities can expose the Participant to forces that exceed the limits of protection provided by a helmet. Undersigned agrees to assume full responsibility for complying with this paragraph and that Released Parties shall not be liable for any injury or damages resulting from Participant's failure to use a helmet.

4. Miscellaneous. Undersigned agrees (a) Participant will not engage in any activities prohibited by any applicable laws, statutes, regulations and ordinances; (b) this agreement shall be governed by the laws of the State of MT and the exclusive jurisdiction and venue for any claim shall be located in the state courts located in Yellowstone County, MT; and (c) this agreement shall be binding upon the subrogors, distributors, heirs, next of kin, executors, and personal representatives of the Undersigned.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND ITS CONTENTS. I AM AWARE THAT I AM RELEASING LEGAL RIGHTS THAT OTHERWISE MAY EXIST.

Participant's Signature	Participant's Name (please print clearly)	Date

FOR PARTICIPANTS UNDER THE AGE OF 18 OR LEGALLY INCAPACITATED

Undersigned parent, or legal guardian or legal representative acknowledges that he/she is not only signing this Agreement on his/her behalf, but that he/she is also signing on behalf of the minor or legally incapacitated adult and that the minor or the legally incapacitated adult shall be bound by all the terms of this agreement. Additionally, by signing this agreement as the parent, or legal guardian or legal representative of a minor or legally incapacitated adult, the parent, legal guardian or legal representative understands that he/she is also waiving rights on behalf of the minor or legally incapacitated adult that the minor or legally incapacitated adult otherwise may have. The Undersigned parent, or legal guardian or legal representative agrees that, but for the foregoing, the minor or legally incapacitated adult would not be permitted to participate in the activities. If signing as the parent, legal guardian or legal representative of a minor or legally incapacitated Participant, signing adults represent that they are a parent, legal guardian or legal representative of the Participant.

Minor's DOB	Parent/Legal Guardian or Representative Signature	Parent/Legal Guardian or Representative Name	Relationship
			Date

MEDIA RELEASE FORM

MEDIA/PHOTO WAIVER: Undersigned authorizes and gives full consent to Released Parties to copyright and/or publish for public view any and all photographs, digital recordings, videotapes and/or film in which Participant appears. Undersigned agrees that Released Parties may transfer, use, or cause to be used, these digital recordings, photographs, videotapes, or films for any exhibitions, public displays, publications, commercials, art and advertising purposes, television programs, and internet without limitations or reservations.

Participant's Signature	Participant's Name (please print clearly)	Date

Parent/Legal Guardian or Representative Signature	Parent/Legal Guardian or Representative Name	Relationship
		Date