

2010 Camp Big Sky Registration Form

BSCC
PO Box 161404
Big Sky, MT 59716

Camper Name: _____

Age and Grade in Fall 2010: _____

Gender: _____

Dates	Camp Name(BBS, Other)	AM, PM, Full day	Fee
6/14-6/18			
6/21-6/25			
6/28-7/2			
7/5-7/9			
7/12-7/16			
7/19-7/23			
7/26-7/30			
8/2-8/6			
8/9-8/13			
8/16-8/20			
8/23-8/27			

Course Subtotal----->	
One time family registration fee ----->	\$25
Tax deductible donation to BSCC/Park----->	
Sponsor a camper in the amount of----->	
TOTAL----->	

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Please make checks payable to Big Sky Community Corporation

In consideration of being allowed to participate in this activity, the risks of which I am aware, I agree to hold harmless, and release and discharge for myself, my family members, heirs, personal representatives and assigns Big Sky Community Corporation and Ophir School, it's officers, employees, volunteers and agents from any and all causes of action, claims, cost and liabilities of any kind involving or relating to any harm, injury or damage suffered or sustained in any manner arising out of participation in this activity. I grant permission for pictures to be used in publicity or brochures related to Camp Big Sky, Big Sky Community Corporation, or Ophir School.

I further authorize emergency care for my child when it is reasonably believed that such care is necessary. In the event it becomes necessary to obtain emergency care for my child, neither BSCC, or Ophir School assumes financial liability for expenses incurred because of an accident, injury, illness, and/or unforeseen circumstances.

Does your child have any medical condition which Camp Big Sky should be aware of before allowing your child to participate in activities? Circle one: Yes No

If yes, please state the nature of the medical condition below:

Parent/Guardian

Signature _____ Date _____

Parent Names _____

New this year! We must have a credit card to reserve ALL dates. See Payment Policy on for details. If we must charge your card, there is a \$15 service fee for doing so.

Credit Card #, type and Ex. Date _____

Mailing Address _____

Email _____

Work # _____ Home # _____ Cell _____

Emergency Contact (include name and phone) _____

**For questions or concerns, please contact Katie Coleman at 995-3194
or kcoleman@3rivers.net**