

REGISTRATION FORM

Name: _____ Email: _____

Address: _____ Phone: _____

City: _____ State/Prov: _____ Zip: _____

Emergency Contact: _____ Phone: _____

	Adult	Child (ages 4-12)*	Family Maximum
Adventure Camp	\$275	\$225	\$1000
Extended Adventure Camp	\$325	\$275	\$1200
Specialty Camp	\$325	\$275	\$1200
Winter Camp	\$135	\$115	\$500
Day Camp	_____	\$90	\$50 *second child
Junior Camp	_____	\$200	\$150 *second child

Retreats and training: Please contact Bighorn for retreat and training prices or visit our web page. / *children 3 & under are free.

List the camp you are registering for:

_____ Date: _____

_____ Age: _____ M/F: _____ Cost: _____

Total: _____

[If total exceeds family max, you pay lesser amount]

Registration deadline is one month prior to the camp, with confirmation upon registration. Enclose a non-refundable deposit of \$75 per person for each camp listed. Mail this form to the Registrar at Camp Bighorn: 1850 MT Hwy 135, Plains, MT 59859. Please call us with any questions: (406) 826-3144, or email jenh@campbighorn.com.

Camp Bighorn Medical and Liability Release

This liability release is required for each and every participant.

BY SIGNING THIS FORM, I hereby acknowledge the inherent risks involved with outdoor adventure and ropes course activities. I do hereby voluntarily participate in the programs offered. I and the participant signed below release and discharge Camp Bighorn from all action that they as a participant, their heirs, guardians, and legal representatives now have or may hereafter have for injury or damages sustained. I acknowledge that I have carefully read this agreement and I give Camp Bighorn permission to use any photo or video of myself or my child for Camp Bighorn publications or promotional advertising, unless otherwise requested. I release my right to any kind of remuneration for said photos or videos.

Participant Name: _____ Date: _____

Parent/Guardian (sign for 18 & under dependents) _____

THIS MEDICAL RELEASE IS REQUIRED BY ANY PARTICIPANT OF STAFF YOUNGER THAN 18 YEARS.

Participant Name: _____ Date: _____

Parent/Guardian (sign for 18 & under dependents) _____

The health of each participant while at Camp Bighorn is very important for the best camping experience. A participant who is ill should not be sent to Camp.

PLEASE LIST ANY MEDICAL CONDITIONS THAT APPLY TO YOU OR YOUR PARTICIPANT.

Explain: _____

Please list any allergies or special food needs: _____

Date of last tetanus shot: ____/____/____

IF I CANNOT BE CONTACTED IN A MEDICAL EMERGENCY, I (We) hereby give permission to the physician selected by the camp director or camp nurse to hospitalize, secure treatment for, and to order medications, injections, anesthesia, and/or surgery for any child named on this form. I understand that I am responsible for charges not covered by insurance. I also authorize the release of all information necessary to settle any claims.

Name of insurance co. _____ Policy # _____

Parent/Guardian _____ Date: _____

(sign for 18 & under dependents)

Participant: _____ Date: _____

Emergency phone number: (_____) _____

Is there anything else we need to know? _____

Mail this for to the Registrar along with your registration: 1850 MT Hwy 135, Plains, MT 59859