

# 4-H Camp Application

June 17-20, 2025, at the Beartooth Christian Camp, SW of Columbus

Return all FOUR completed pages AND payment by May 9, at 5:00 pm (not postmarked by)

Campers are 4-H members aged 9-13 on the first day of camp: June 16. Cloverbuds may NOT attend camp. Campers must be enrolled in the 2024-25 4-H year as a member (not a Cloverbud) in Stillwater County. Applications are accepted on a first-come, first-served basis-space is limited. 4-H Members from Carbon and Yellowstone counties also attend. A letter regarding camp specific (what to pack/bring, bus pick-up/drop off times, etc.) will be mailed to each camper a week prior to camp.

**Camp Fee: \$190 per camper without a scholarship request letter OR \$100 with a scholarship request letter.** Make checks payable to: Stillwater County 4-H Council. Payment must be included with application! Mail to: Stillwater County Extension, PO Box 807, Columbus, MT 59019. **Please Note:** The Stillwater 4-H Council pays an additional \$90 per camper to cover all camp costs.

**Interested in a partial scholarship?** The 4-H member must write a short letter explaining why they feel they should be awarded a partial scholarship and include it with the application and payment.

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

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Age on June 4: \_\_\_\_\_

4-H Club: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Male: \_\_\_\_\_ OR Female: \_\_\_\_\_

T-Shirt Size (circle) Adult: S M Lg XLg Youth: S M Lg

Parent 1: \_\_\_\_\_ Parent 2: \_\_\_\_\_

Parent 1 Cell #: \_\_\_\_\_ Parent 2 Cell #: \_\_\_\_\_

Family email: \_\_\_\_\_

List **ONE** person you would like for a roommate: \_\_\_\_\_

Bus transportation provided. Please indicate the pickup/drop off location of child taking the bus to camp:

Billings\_\_ OR Laurel\_\_ Parents may drive their child to/from camp by contacting Roni Baker in advance.

**4-H ACTIVITY and HEALTH AGREEMENT** (Complete **ALL** fields. Indicate "N/A" if not applicable)

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Your Insurance Carrier: \_\_\_\_\_ Policy/Group #: \_\_\_\_\_

Cell number parent can be reached at in case of an emergency: \_\_\_\_\_

Person to contact if family cannot be reached: \_\_\_\_\_ Phone: \_\_\_\_\_

Person(s) other than named above, to whom the camp may release the child upon request: \_\_\_\_\_

1. Has your child been away from home overnight before? Yes: \_\_\_ No: \_\_\_

2. Does your child have any known allergic reactions? (List: food, medicine, plants, or insect allergies) \_\_\_\_\_

3. What kinds of situations might cause your child distress? \_\_\_\_\_

4. Does your child wear Medic-Alert Tags? Yes: \_\_\_ No: \_\_\_ Where is it worn? \_\_\_\_\_

5. Mark any of these supervised activities for which the camper is **NOT** allowed to participate:

- Horseback riding     Swimming     Climbing wall    Other: \_\_\_\_\_  
 Zip Line     Archery     Backpacking  
 Workshops     Pellet guns     Ropes course  
 Has child had swimming lessons? Yes: \_\_\_ No: \_\_\_

6. Is your child is subject to any of the following conditions:

- Abdominal Pain     Ear/Sinus trouble     Heart trouble    Other: \_\_\_\_\_  
 Asthma     Epilepsy     Nose bleeds  
 Bed wetting     Fainting     Sleepwalking  
 Cramps     Hay fever     Tonsillitis  
 Diabetes     Headaches

Describe child's reactions or other information we should know (e.g., disabilities): \_\_\_\_\_

7. Tetanus shot current: Yes: \_\_\_ No: \_\_\_

8. List any chronic illness or other condition for which your child needs treatment. (Explanation required - This is for a physician who might need to treat your child in case of illness or injury or for the insurance company.) \_\_\_\_\_

9. Is there any further information that would help professionals and volunteers better serve your child?

10. Please list child's "**regularly scheduled**" AND "**as needed**" medications and send with child in **Original Rx Bottles**.

All medications will be required to be turned into the camp nurse upon arrival at camp.

Medication Name	Dose	Reason for taking	When to take	Oral, Nasal, Injection

*If your child has **SEVERE ASTHMA ATTACKS**, please consult with you primary Physician, and explain to them camp is 1 hour away from the nearest Emergency Room and at a higher elevation! Ask for a prescription for an EpiPen and send it with the child to camp. If your child has **BEE ALLERGIES** an EpiPen is also required.*

Does your child have **Asthma**? No: \_\_\_ Yes: \_\_\_ If yes, when was their last asthma attack? \_\_\_\_\_

How many asthma attacks have occurred within the last 6 months? \_\_\_\_\_

How bad are the asthma attacks?

- Mild, no treatment other than inhaler required: \_\_\_
- Moderate, required Nebulizer at home only: \_\_\_
- Severe, required a trip to the Physician or Emergency Room: \_\_\_

**If your child uses a Nebulizer Machine, it must be sent to camp with the child. This is not optional.** They must have their machine and medications with them including Albuterol and emergency and inhalers. In recent years we have had life-threatening asthma situations at camp. Campers cannot stay at camp without medications they may need.

Does your child have **Diabetes**? No: \_\_\_ Yes: \_\_\_ If yes, how well do they manage this? \_\_\_\_\_

Do they monitor blood sugars and if so, how often? \_\_\_\_\_

Do they have an Insulin Pump, or do they use injections? \_\_\_\_\_

Is your child allowed to eat sweets? Yes: \_\_\_ No: \_\_\_

What is your child's normal range of their blood sugar? \_\_\_\_\_

How often does it drop below this range? \_\_\_\_\_ How often does in jump above this range? \_\_\_\_\_

Have you ever had to use Glucagon to bring your child's Blood Sugar up? Yes: \_\_\_ No: \_\_\_



**Authorization to Treat**

I \_\_\_\_\_ being the parent or legal guardian of \_\_\_\_\_ affirm that this form is complete and accurate to my knowledge and grant permission for her/him to participate in the Yellowstone/Stillwater/Carbon County 4-H Camp. I will not hold the sponsoring organization or host facility or their representatives responsible in case of an accident.

I give permission for the Camp Nurse/MSU Extension Agent to administer simple medications such as aspirin, Tylenol, Pepto Bismol, cough syrup, etc., to my child if they are not allergic to medication. In case of a medical emergency, if I cannot be reached, I give permission for a physician to be contacted. If I cannot be reached, I give permission for the attending physician to treat them in an emergency situation. I know the plans of the trip, including the dates, who will chaperoning the group, the mode of travel, where the group will stay, and the planned activities. My child agrees to abide by the rules of no use or possession of alcohol, drugs, tobacco, cigarettes, vaping, knives, guns, or any other items that could be considered a weapon. My child also agrees to abide by the curfew and other rules established. Violations of these rules will result in a parent picking up the 4-H member or financing transportation home immediately.

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Date)

The Montana State University Extension is an ADA/EO/AA/Veteran’s Preference Employer and Provider of Educational Outreach. Montana State University Extension encourages persons with disabilities to participate in its programs and activities. If you anticipate needing any type of special accommodation or have questions about the physical access provided, please contact the Extension Office at 406-256-2828 in advance of your participation.

**4-H Camper Code of Conduct**

1. Have fun and be safe! Participate in all activities! Be on time!
2. Wear your name tag (except when sleeping, swimming, or showering)!
3. Drink water regularly (just not from the streams)!
4. Stay on the premises!
5. If you feel sick or get hurt, tell a camp nurse or an adult!
6. Girls only in girls’ cabins. Boys only in boys’ cabins!
7. Wear and bring appropriate clothing for all kinds of weather. Letter tells you what to bring. One-piece swimsuit or t-shirt over 2-piece swimsuit; hat off in dining room; coats for snow; raingear; shoes on when walking outside.
8. Keep cabin areas and campgrounds clean at all times. Cabins will be inspected daily. Clean cabins will be first in line for lunch and dinner. Dirty cabins will clean the public restrooms.
9. Each cabin will have certain responsibilities assigned to them at some time during camp. **EVERYONE** in that cabin needs to be there to help. Schedules are posted in the cabins and in the dining hall.
10. Telephones are to be used **ONLY** in case of emergency.
11. The ringing of the bell means to come right away or move to your next activity. If the bell rings when you are in your cabin day or night—go **IMMEDIATELY** to the bell.
12. **NO:** Fireworks! Foul language! Alcohol! Illegal drugs! Tobacco of any kind! Items that could cause harm to other campers!
13. Have a counselor, CIT, or adult with you to go into a cabin.
14. During quiet time/sleeping time, remember to be quiet for sleeping and for being good cabin neighbors!
15. Follow the direction of camp leaders. Respect the property and rights of the camp, other campers, counselors, CITs, and adults at all times.
16. If riding the bus to/from camp, I agree to check in when I get on the bus and check out when I depart the bus with the county agent.

I agree to follow the Camper Code of Conduct.

\_\_\_\_\_  
(Signature of Camper)

\_\_\_\_\_  
(Date)

# Beartooth Christian Camp

130 Trinity Trail, Fishtail MT 59028

Beartoothchristiancamp.org

Phone: 406-328-6825

## Activity Waiver

### All participants must read this release of liability form prior to signing and participating in program activities.

Agreement to personally assume all risk and release of all claims for liability and waiver of right to sue based upon my understanding of these activities and their inherent risks.

I (full name) \_\_\_\_\_ desire Beartooth Christian Camp, a Montana not for profit corporation, to permit me to participate in the following described activities: general activities, climbing wall, paintball, horseback riding, swimming, zipline and volunteer work.

In order to participate in the above-mentioned activities, I, the undersigned, agree to acknowledge that:

There is risk of injury, including a potential for permanent disability or death resulting from any participation in the above-mentioned activities and/or from the equipment involved in participation in such activities.

I freely assume all such risks, both known and unknown and assume full responsibility for my participation.

I will read and understand fully the rules of play, including all safety rules, and agree to fully comply with the rules and safety regulations during my participation.

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin hereby release and hold harmless Beartooth Christian Camp, their officers, officials, agents and or employees, from any and all liability for injury, disability, death, loss or damage to personal property.

I acknowledge, understand and agree that I have read this release of liability and assume all risk associated with participating in the above-mentioned activities and that I sign the release of liability voluntarily and without inducement.

I certify that I am able to take full and active part in the programs at Beartooth Christian Camp.

I further authorize Beartooth Christian Camp to administer necessary medical treatment in case of accident or illness which occurs with a camper.

I also realize that my picture or testimony may be used in promotion of the camp.

All program activities, handling, and use of program equipment must be supervised by Beartooth Christian Camp Staff.

Participants Name (Please Print): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_ Insurance Carrier/Number: \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Would you like to be added to the Beartooth Christian Camp mailing list? \_\_\_ Yes \_\_\_ No

### Minor aged Participants

All guests under the age of 18 at the time of participation must have a parent or legal guardian sign below.

I certify that I am the parent or guardian of \_\_\_\_\_ with legal responsibility for the above signed participant and agree to his/her release and agree to indemnify the above-named companies and individuals from all liabilities resulting from his/her participation in the above-mentioned program activities for myself, my heirs, assigns, and next of kin.

Parent or Guardian Signature: (If camper is under 18): \_\_\_\_\_ Date: \_\_\_\_\_