

PLEASE CIRCLE THE DAY OR ENTIRE WEEK THAT YOUR CHILD WILL ATTEND CAMP:

Week 1 – SAFETY WEEK	June 17-21	M T W TH F	\$ _____
Week 2 – LET’S ALL MOVE	June 24-28	M T W TH F	\$ _____
Week 3 – PICTURE THIS	July 1-5	M T W TH F	\$ _____
Week 4 – STAR SPANGLED	July 8-12	M T W TH F	\$ _____
Week 5 – FUNKY FOODS	July 15-19	M T W TH F	\$ _____
Week 6 – WATER WARS	July 22-26	M T W TH F	\$ _____
Week 7 – GOING GREEN	July 29-Aug 2	M T W TH F	\$ _____
Week 8 – MAD SCIENTISTS	August 5-9	M T W TH F	\$ _____
Week 9 – SUPER HERO	August 12-16	M T W TH F	\$ _____
Week 10 - INTO THE OUT	August 19-23	M T W TH F	\$ _____
	Total		\$ _____
	Balance		\$ _____

Payment Schedule: Payment Schedule: Full payments must be made prior to the date of attendance. Payments may be made online (preferably) at <https://townofwestyellowstone.activityreg.com>, or at the Town Offices.

Refunds: Cancellation notices must be in writing, and must be received one week in advance of cancellation date(s) in order to receive a refund.

Scholarships: Full or matching fund scholarships are available to those who meet the financial guidelines. All applications will be considered. **Only one scholarship per financially eligible participant.**

_____ Please check if you would like to be considered for a scholarship from the West Yellowstone Foundation.

SMOKEY WATERS Day Camp 2024



406-640-1676

TOWN OF WEST YELLOWSTONE PARKS AND RECREATION AGREEMENT TO PARTICIPATE AND RELEASE FORM

_____ has permission to participate in the **2024 Smokey Waters Day Camp.**

Agreement to Participate Statement

I, as a parent or guardian, am aware that participating in the above program can be a dangerous activity involving **RISK OF INJURY**, including but not limited to: **Sprains, strain, fractures and broken bones, bumps, bruises, contusions, burns, insect bites, and weather related injuries.**

Because of the possible risk of participating in this program, I, as a parent or guardian recognize the importance of following the instructors' instructions regarding techniques, rules, and precautions. The above listed child hereby agrees to follow and/or reinforce those instructions. As a parent or guardian, I hereby voluntarily and expressly assume all risks of the child listed participating in the Smokey Waters Day Camp and agree to exonerate and hold harmless the Town of West Yellowstone, its volunteers, employees, and trip leaders from any and all liability, claims, causes of action or demands of any kind and nature whatsoever which may arise by or in connection to participation in the above program.

The terms of this agreement shall serve as a release and my assumption of the risk shall be binding on my heirs, estate, executor, administrator, assigns and all of my family members.

The laws of the State of Montana shall govern this agreement and any matter in any way related to participation in the above program.

Date

Participant's Printed Name

Parent/Guardian Signature

As a parent or guardian, I authorize the treatment by a qualified and licensed medical professional of the above listed participant in the event of a medical emergency which, in the opinion of the attending medical professional, may endanger his or her life, or cause disfigurement, physical impairment, or undue discomfort if delayed. The authority is granted only after a reasonable effort has been made to contact me or the emergency contact listed below.

This release form was completed and signed of my own free will with the sole purpose of authorizing medical treatment for the above listed participant under emergency circumstances in my absence.

Dates when release is valid: _____

Parent/Guardian

Date

Physical Address: _____

Mailing Address: _____

Home #: _____ Cell #: _____ Work #: _____

Email Address: _____

Please list another emergency contact below:

Name: _____ Relationship: _____

Home #: _____ Cell #: _____ Work #: _____

Presently under the following medication _____

My child is covered under medical insurance Yes _____ No _____

Please list any physical impairments and/or allergies including FOOD allergies that the participant has:

Age: _____ Date of Birth: _____



Smokey Waters Scholarship Application

ADULT/PRIMARY GUARDIAN:

First Name _____ Last Name _____
 _____ DOB _____

Phone Home _____ Cell _____
 Email _____

Address _____ City _____ Zip _____

Employed by _____

Gross Household Monthly Income \$ _____ Other Income \$ _____

HOUSEHOLD ASSISTANCE RECEIVED (check all that apply)

___ SNAP ___ MEDICAID ___ UNEMPLOYMENT ___ SSA/SSI Benefits

Explain any other current circumstance that warrants receipt of scholarship funds:

PLEASE LIST CHILDREN ATTENDING SMOKEY WATERS DAYCAMP

First Name	Last Name	Date of Birth	M/F

I certify that the above information is true and correct and that all household income is reported. I will notify Town of West Yellowstone Recreation Department of any changes in income or family size. I understand that providing false or incomplete information to the Town will immediately lose any financial assistance.

Signature

Date

Authorizing Signature _____ Date _____

For office use only
 Date Received _____ by _____

2024 CAMP DATES

Week 1 – Safety Week AA. Jurassic Creek	June 17	June 17-21
Week 2 – Lets All Move AA. Fun Land	June 24	June 24-28
Week 3 – Simple Machines AA Idaho Falls Zoo	July 1	June 1-July 5 no camp July 4th
Week 4 – Star Spangled Celebration AA Rexburg Rapids	July 8	July 8-12
Week 5 – Funky Foods AA. Gravity Factory	July 15	July 15-19
Week 6 – Water Wars AA. Heise Hot Springs	July 22	July 22-26
Week 7 – Going Green AA. Fat Cats	July 29	July 29-Aug 2
Week 8 – Mad Scientists AA. Whitewater Rafting	August 5	August 5-9
Week 9 – Super Hero AA. Rocky Creek Farm	August 12	August 12-16
Week 10 – Into the Out AA. Starlite Skating Rink	August 19	August 19-23

Date: June 17, 2024 - August 23, 2024

Location: Povah Community Center

Rates: \$30/DAY- \$125/ WEEK
Late Pick-up \$10 plus \$1 per minute

Time: 8:00am – 4:00pm M, T, W, TH & Fridays 8:00-4:30

Age: 5-12 yrs

Maximum # of Participants: 40 per day

ENROLLMENT: Will be on a first come first serve basis. Payment IN FULL must be made in ADVANCE of participation.

REGISTRATION: Registration forms must be submitted at the Town Offices along with payment for participation PRIOR to participants' arrival to camp.

REFUNDS: In order to receive a refund for your deposit or payment you must give a week written notice of cancellation.

For additional information, please contact Vely at 406-640-1676 or email ivazquez@townofwestyellowstone.com

ALL CAMPERS MUST WEAR THEIR CAMP SHIRTS ON FRIDAY AWESOME ADVENTURE DAYS.

TYPICAL WEEKLY SCHEDULE

DROP OFF & PICK UP: Parents/guardians must sign participants in with a counselor. If your child needs to leave early or is leaving with someone other than a parent/guardian, please provide a signed note to the counselor, explaining the situation and whom they will be leaving with.

SWIMMING: Swim day will be every **Tuesday**. All campers MUST bring their own towels, swim suits, and life jackets. Floatation devices do not replace a life jacket. Your child must pass a swim test to be able to swim without a lifejacket.

AWESOME ADVENTURES: Field trips will be on **Friday**. **We will leave at 8:15am and return as close to 4:30pm as possible.** You will be notified by phone/text of any cancellation or changes to the proposed schedule. All children must be dressed in clothing appropriate to field trip. **All campers must wear their camp shirt on field trips.** Personal game devices and movies are not allowed on Awesome Adventures. The Town is not responsible for any lost or stolen items!

BIKE RIDES: Please make sure that your child's bike has been checked by a qualified bike technician. Please utilize one of our local bike shops for your service and repair needs. All participants must wear a bicycle helmet.

Freeheel and Wheel 646-7744

WHAT TO BRING DAILY:

- LUNCH, Snacks
- Water Bottle
- Closed Toe Shoes
- Sunscreen
- Light Jacket (PREFERABLY WATER PROOF)
- Swim Suit and Towel (on swim days)

5-8 year olds

Monday: Exercises, Arts and Crafts, Outdoor Sports & Play Time

Tuesday: Camp Theme Activities, Swimming & Reading Time

Wednesday: Bike Ride & Sports

Thursday: Team Building Group Games & Nature Program

Friday: Awesome Adventure Field Trip

9-12 year olds

Monday: Exercises, Arts and Crafts, Outdoor Sports & Play Time

Tuesday: Camp Theme Activities, Swimming & Reading Time

Wednesday: Bike Ride & Sports

Thursday: Exercise and Stretch & Nature Program

Friday: Awesome Adventure Field Trip



**TOWN OF WEST YELLOWSTONE
SMOKEY WATERS DAY CAMP
LATE PICK-UP FORM**

Late Pick-up Policy: Smokey Waters Day Camp closes at 4:00 p.m. (unless notification is provided). Parents picking up their children after 4:10 will be charged \$10.00 plus \$1.00 per minute until pick-up occurs. If late pick-up practices continue, the child(ren) may be removed from the program.

Time of pick-up: _____ Date: _____

I understand that after 4:00 p.m. Smokey Waters Day Camp began charging a late fee of \$10.00 plus \$1.00 per minute. I further understand this fee must be paid within five business days.

Child(ren)'s name: _____

Parent/Guardian Signature: _____ Printed Name: _____

Counselor's Signature: _____