**Free Multi-sport**

**Summer Camp**

**June 18-21 10am-2pm Grades 1-6**

**June 25-28 10am-2pm Grades 1-6**

Check the box for each camp you will attend.

Athletic shoes required. Kids rotate to different sports with kids their age.

Bring a water bottle, sack lunch & wear sunscreen! We will have a Bible Lesson each day

**Complete a registration form for each child.**

Fill in the blanks electronically and send to [darren@bigskyfellowship.org](mailto:darren@bigskyfellowship.org) **OR**

Print it. Fill in all blanks and mail to BSF Camps: 7610 Roughsawn Drive \* Helena, MT 59602

CAMPER NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade (**Aug ’18) \_\_\_\_\_**

Mom: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dad: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_State \_\_\_\_ Zip \_\_\_\_\_\_\_\_ Allergies/Instructions:

**EMERGENCY AUTHORIZATION:** If I cannot be reached I, the undersigned parent or legal guardian of the participant, hereby authorize the teachers, assistants, and event staff as my agents to consent to medical treatment in the case of an injury or medical emergency. WAIVER OF LIABILITY AND DISCLAIMER: I, the parent or legal guardian of the participants, acknowledge that participation in this event involves the risk of injury. I further acknowledge that this event is primarily administered by volunteers. In consideration for accepting the registration for the participant listed and for permitting voluntary participation of the said individual in its programs, I hereby release, discharge, and hold harmless, the event staff, its sponsoring organization, its employees, volunteers, and other representatives from any claims arising out of or related to any physical injury that may occur to the said individual while participating in this event. **PHOTOGRAPHY DISCLOSURE:** I acknowledge that pictures will be taken of the event and its participants and I grant permission for them to be used for the promotional purposes of Big Sky Fellowship

Date: \_\_\_\_\_\_\_\_\_\_ Parent/Legal Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

www.bigskyfellowship.org