



Big Sky Scholarship Camp

August 1-7, 2010

Camp Registrar

Claudine Eckes
2201 Maplewood Street
Bozeman, MT 59718
(406)587-8650

Camp Website

www.bigskystratmin.org

Camp Email

fceckes@bresnan.net

Camp Location & Mailing Address

Big Sky Scholarship Camp
c/o YAA Camp
13707 Cottonwood Canyon Road,
Bozeman, MT 59718-8991
Website: yaacamp.org

Dear Awana Commanders, Directors, Parents, & Clubbers,

We are excited about Big Sky Scholarship Camp 2010! Camp will be held at Yellowstone Alliance Adventures, located 13 miles south of Bozeman, Montana, August 1-7, 2010, Sunday through Saturday.

What is Scholarship Camp? It is an *incentive* for Awana clubbers to finish their handbook. The growth, great times, and friendships of the club year are intensified into seven days of spiritual growth and fun! Daily Bible Lessons, verse memorization, chapel, and service opportunities are just some of the ways in which the campers will be challenged to grow in their spiritual walk with the Lord. The High School campers will be offered ministry training and service opportunities. Scholarship Camp offers a week of four team competition in games, activities (including the unique Water Works!), Bible quizzing, and the completion of daily Bible lessons. Campers have the opportunity to meet old and new friends from around the Mountain West. The positive environment of Scholarship Camp helps clubbers to make important decisions for Christ that will last a lifetime and make a positive impact for God's kingdom.

For free time activities, this year there will be swimming, foosball, air hockey, ping pong, pool ball, hiking, crafts, soccer, basketball, football, and volleyball. We will also be offering archery, pellet guns, paintball, zip-line, canoeing, and a climbing wall complete with all the safety equipment and instructors.

Encourage all clubbers entering 6th grade this fall through graduating seniors to finish this year's Awana handbook so they can join us for this unforgettable week. Campers must be at least 10 years old by the first day of camp. Those who have previously attended scholarship camp must complete an additional handbook/manual in the current handbook progression to be eligible to return. Eligibility requirements must be met prior to the start of camp, not prior to the submission of the application.

The total cost of camp is \$240. Please submit applications together with the \$50 registration fee by July 1st. Send checks payable to "BSSM" to the Camp Registrar (see left margin). The balance is due August 1st at camp check-in.

If you are interested in serving on the camp staff, check out the website bigskystratmin.org and go to the Scholarship Camp tab for a "Volunteer Application". Your completed staff application should be sent to the Camp Director's address as shown below.

As a camp staff, we pray that this week of camp will prove to be one of the most spiritually motivating and challenging weeks in the lives of campers and leaders.

In His Service,

Frank Eckes, Camp Director
2201 Maplewood Street; Bozeman, MT 59718; (406)587-8650
fceckes@bresnan.net



Big Sky Scholarship Camp 2010 CAMPER APPLICATION

OFFICE USE ONLY			
Date Rec'd		Balance	
Amt.		Cabin	
Letter sent		Amt.	
JV		Varsity	

Eligibility Requirements: Camper must 1) be entering Grade 6-12 in the fall 2010 or be a just graduated high school senior, 2) be at least 10 years old by the first day of camp (August 1st), 3) for the first time camper, have completed one year's Awana handbook requirements OR for returning campers, have completed one additional year's Awana handbook requirements, in the current handbook progression (T&T or higher). All work must be completed before camp begins.

Camper Information:

Name _____ Phone (____) _____ Camper E-mail _____

Parent/Guardian Name _____ Parent E-mail _____

Address _____ City _____ State _____ Zip _____

(CIRCLE ONE FOR EACH) Nickname or name you prefer (if different from above): _____

Male Female; Grade next fall: 6 7 8 9 10 11 12 Graduate; Adult T-Shirt size: S M L XL XXL

Number of times at previous Scholarship Camps _____ Date of birth _____ Height _____

One roommate preference (every attempt will be made to honor request) _____

CAMPER WILL BE SPONSERED BY church parent clubber other (check all that apply)

Sponsor Name/Address _____

Recruitment if applicable - check one: Name of camper, applicant *was recruited by*
OR Name of camper, applicant *recruited (the recruiter gets a \$20 camp fee discount):* _____

Total cost is \$240.00 (\$50.00 Non-refundable Registration Fee + \$190.00 Camp Fee).	<i>** I will follow all rules and enter into the whole spirit of Scholarship Camp. **</i>	
	Camper Signature (required for acceptance)	Date

CERTIFICATE OF ELIGIBILITY: To be filled out AND signed by Awana Commander or Director

Name of Church _____ Awana Registration Number _____

Church Address _____ City _____ State _____ Zip _____

Check the appropriate boxes the handbooks/manuals that this camper has completed to date. Then **circle** the handbook/manual this camper has or will complete this club year (2009-2010) by the first day of Camp (August 1st). In the right column, **write the YEAR** that this camper earned that particular award.

- | | | | |
|-------------------------------------|---|--|-------------------------|
| <input type="checkbox"/> T&T Book 1 | <input type="checkbox"/> Billboard Series | <input type="checkbox"/> Main Study One + Elective | Excellence Award _____ |
| <input type="checkbox"/> T&T Book 2 | <input type="checkbox"/> Roadsign Series | <input type="checkbox"/> Main Study Two + Elective | Timothy Award _____ |
| <input type="checkbox"/> T&T Book 3 | <input type="checkbox"/> Dashboard Series | <input type="checkbox"/> Main Study Three + Elective | Meritorious Award _____ |
| <input type="checkbox"/> T&T Book 4 | | <input type="checkbox"/> Main Study Four + Elective | Citation Award _____ |

I confirm that (1) this applicant has already met camp **eligibility requirements** or will have met them prior to the start of camp, (2) the applicant parents/guardians have provided all necessary **signatures** and **medical information**, (3) I have not signed on behalf of the applicant or parents/guardians unless the applicant is my child, (4) the application is **complete**, (5) camper **recruiting information** is correct, and (6) I **recommend** the applicant for Scholarship Camp.

Signature of Commander or Director (required for acceptance) Commander or Director (circle one) Email (____) _____
Commander or Director Phone

Return completed application and registration fee (**\$50 non-refundable but transferable**) to:
Big Sky Scholarship Camp, 2201 Maplewood Drive, Bozeman, MT 59718
Make all Checks payable to "BSSM" or Big Sky Strategic Ministries, Inc.

Big Sky Scholarship Camp

Parental Consent and Release of Liability

Please print and fill in ALL the information

IMPORTANT: THIS DOCUMENT CONTAINS A RELEASE OF LIABILITY. YOU ARE ADVISED TO REVIEW IT CAREFULLY.

Name of Camper: _____ Camper Date of Birth: _____
Camp Location: Yellowstone Alliance Adventures, Bozeman, MT Camp Dates: August 1-7, 2010

I understand and agree that participation in the Big Sky Strategic Ministries ("BSSM") Big Sky Scholarship Camp ("Camp") is a privilege to which my minor child named above ("Camper") is not otherwise entitled. In consideration for that privilege, I am signing this Parental Consent and Release of Liability ("Consent").

Consent to Attend Camp:

I hereby give permission for Camper to attend and participate in the Camp.

Consent to Medical Treatment:

If Camper experiences an injury or illness, or has other medical needs. I authorize the Camp's employees, volunteers, and agents to make such arrangements for Camper's health and safety, including but not limited to first aid, emergency medical care, ambulance or other transportation to a hospital, medical office, or clinic, testing and examination, and hospital care, and other medical care and treatment (including dental care) as they feel are appropriate in the circumstances. I further agree that I am fully responsible to pay all charges and expenses relating to such care, transportation, and treatment and I hereby fully release BSSM and its directors, officers, employees, volunteers and agents from any claims, including claims for medical charges, prescription costs and other expenses, I might have as a result of such care, transportation and treatment. My signature below also serves to indicate my willingness for my Health Insurance Company (please provide details in the Medical Information section) to be billed for any and all medical fees and services should they be needed. I agree that I will pay all charges and expenses not covered by insurance.

Medical Information

Medical Insurance Co. _____ Policy Number _____
(Please attach a copy, front and back, of your insurance card)

Address _____

Phone (____) _____ - _____ Insured's Name _____

Doctor's Name _____ Phone (____) _____ - _____

Date of last tetanus _____ Date of last physical _____

List any medical or food allergies of **Camper** (please write "None" if applicable): _____

Will Camper be under any medication* while at camp? Yes No If yes, please provide details: _____

***All medications are to be in original containers with prescription attached and given to the camp nurse.**

The camp nurse has our (my) permission to provide Camper with non-prescription medicines as deemed necessary. Yes No Please list any over-the-counter medicines that should **not** be given to **Camper**.

Does **Camper** have any physical condition or limitations that would restrict participation in any camp activities?

Yes No If yes, please provide details: _____

Release of Liability

Prior to Camper's participation in Camp activities, I acknowledge that involvement of Camper in the Camp may involve risk of property damage and of personal injury, illness or even death of Camper, including but not limited to the risks arising from transportation-related activities, recreational activities, accidents in the outdoors and rustic facilities, adverse weather conditions, and injuries and illness as a result of food-borne illnesses and allergic reactions. In addition, I understand that there may be other risks inherent in Camp activities of which I may not be presently aware.

Big Sky Scholarship Camp

Parental Consent and Release of Liability *continued...*

By signing this Parental Consent and Release of Liability, I warrant that Camper is fully capable of safely participating in all Camp activities, and I expressly assume all risks of Camper's participation, whether such risks are known or unknown to me at this time. I further generally release Big Sky Strategic Ministries ("BSSM") and its directors, officers, employees, volunteers, and agents, and other campers at the Camp, from any and all claims that I or Camper may have against any of them as a result of property damage or personal injury, illness or death of Camper as a result of participation in Camp activities, whether on or off Camp grounds. I agree that this release includes the ordinary, special and inherent risks described above, and other risks that I may not foresee or be aware of at this time. This Release of Liability is given on behalf of myself, Camper, and the heirs, family, estate, administrators, executors, personal representatives and assigns of me and Camper.

Other Releases and Acknowledgements

I understand that, while Camper is participating in Camp activities, photographs, film, audio recordings and videotape of Camper may be taken for use in brochures, videos, releases to the press, and various BSSM publications and other work product. I do hereby irrevocably grant BSSM permission to record, display and/or reproduce my child's name, likeness and voice on audio and/or video tape, film or other media, to edit and otherwise modify such media at its discretion, to incorporate the media into any work product, and to use or authorize the use of such media or any portion thereof in any manner or media or by any means, methods or technologies now known or hereafter to be known.

I understand that BSSM does not provide transportation to or from the Scholarship Camp program and do hereby take responsibility for either providing or arranging for transportation of Camper, and for ensuring that Camper will arrive and depart by the scheduled dates and times.

I will ensure Camper only brings clothing that adheres to the Camp Dress Code or similar policy included as part of this package or to be sent in the acceptance package. If Camper fails to abide by established rules, standards of conduct and/or Camp Dress Code, BSSM Scholarship Camp staff reserve the right to send Camper home. If it becomes necessary to send Camper home, I hereby agree to provide transportation or to make travel arrangements for Camper and to assume the cost of these expenses.

To the extent any provision of this document is found to be unenforceable, such provision shall be deemed severable and shall not affect the enforceability of any other portion of this document, and shall be reformed to be in compliance with the law and construed to most nearly reflect the intent of the parties.

I represent and warrant that I am a parent or legal guardian of the Camper named above and have the full power and authority to enter into this Parental Consent and Release of Liability on behalf of the Camper. By signing below, I acknowledge that this document has been read and understood by me, and also represent that all information provided is accurate. Each legally responsible parent/guardian is required to sign below.

1st Parent or Guardian signature

2nd Parent or Guardian signature

Name Printed

Name Printed

Date Signed

Date Signed

Daytime Phone

Daytime Phone

Evening Phone

Other Phone

Witness (Notary Public preferred)
(must be age 21 or older and not a relative)

Date

(Notary Seal)

Every camper must have this form completed, signed, and witnessed to attend camp. Please keep a copy.