



TOWN OF WEST YELLOWSTONE SMOKEY WATERS Summer Recreation Program Registration

June 15 – August 21, 2026 | Povah Community Center
Mon–Fri | 8:00 AM – 4:00 PM

Registration & Payment (3 Steps)

1. Complete this form to reserve your child's spot
 2. Submit payment separately (QR code or link), or in person at Town Offices
 3. Complete Medical Release & Policy Form
- Registration is not complete until BOTH forms and payment are received.

Program Options

Full Summer (\$1,000) Weekly \$120/ \$110 Additional Child Daily \$30 Fridays \$50

Child Information

Child 1 Name: _____ Age: _____ DOB: _____

Child 2 Name: _____ Age: _____ DOB: _____

Child 3 Name: _____ Age: _____ DOB: _____

Does your child have any immediate medical concerns we should be aware of?

Parent / Guardian Information

Name: _____

Phone: _____ Email: _____

Emergency Contact

Name: _____ Phone: _____

Weeks Attending

Week 1 (6/15–6/19) Week 2 (6/22–6/26) Week 3 (6/29–7/3)

Week 4 (7/6–7/10) Week 5 (7/13–7/17) Week 6 (7/20–7/24)

Week 7 (7/27–7/31) Week 8 (8/3–8/7) Week 9 (8/10–8/14)

Week 10 (8/17–8/21)

Payment

Method: Cash Check Card Online

Total: \$ _____ Date: _____

Acknowledgment

I understand that I must complete the Medical Release & Policy Form for my child to participate.

Contact Rachel at rspence@westyellowstone.gov for scholarship information



TOWN OF WEST YELLOWSTONE Smokey Waters Day Camp Participant Agreement & Medical Release

Permission to Participate

I give permission for my child to participate in all program activities, including off-site trips, swimming, biking, and adventure days, as scheduled.

Acknowledgment of Risk

Participation involves inherent risks including, but not limited to: sprains, fractures, cuts, bruises, burns, insect bites, water-related risks, biking-related risks, and weather-related injuries.

Assumption of Risk & Responsibility

I voluntarily assume all risks associated with participation. My child agrees to follow all rules, safety guidelines, and staff instructions.

Release of Liability

I release and hold harmless the Town of West Yellowstone, its employees, volunteers, and program leaders from any claims or liability. This agreement is binding on myself, my child, and our heirs and is governed by Montana law.

Medical Authorization

I authorize emergency medical treatment if I cannot be reached and delay may cause harm. This authorization is granted after reasonable attempts to contact me or my emergency contact.

Program Policies

- Refunds are not provided once registered, as staffing and planning are based on enrollment. Exceptions may be considered in cases of serious illness, injury, or other extenuating circumstances at the discretion of the Town of West Yellowstone.
- Children will only be released to a parent or legal guardian unless prior written authorization is provided.
- Participants must be picked up on time. A \$10 late fee will apply after a 5-minute grace period, with an additional \$1 per minute thereafter.
- Participants are expected to come prepared for daily activities, including appropriate clothing, water bottles, sunscreen, and any required gear for swimming, biking, or outdoor adventures.
- Closed-toe shoes are required for most activities. Helmets are required for all biking activities.
- On swim days, participants must follow all lifeguard and staff instructions. Life jackets may be required for certain activities.
- Adventure days include travel outside of town. Participants are expected to follow all safety rules and remain with the group at all times.

Participant Information

Name: _____ Age: _____ DOB: _____

Additional Children if applicable

Name: _____ Age: _____ DOB: _____

Name: _____ Age: _____ DOB: _____

I have read, understand, and agree to the above policies, waiver, and terms and conditions.

Parent/Guardian

Name: _____ Signature: _____ Date: _____

Contact Information

Address: _____

Phone: _____ Email: _____

Emergency Contact

Name: _____ Relationship: _____

Phone: _____

Medical Information

Medications: _____

Allergies/Conditions (including food): _____

Photo Release

Yes No