



BASE Camp Registration Form

Student Name _____ Grade _____ Boy Girl

Birth Date _____ Age _____ School District _____

Parent/Guardian(s) Name: _____

Address _____

Contact Phone _____ E-mail _____

Medical Information _____

(Medical conditions, Allergies, Special Needs. Please list all medications)

Emergency Contacts

Name _____ Phone Number _____

Name _____ Phone Number _____

Please indicate the week(s) and/or day(s) you are requesting for enrollment.
Payments must be made before the date of service.

Liability/Waiver Agreement

As the parent or legal guardian of _____, I hereby give my consent for his/her participation in **BASE Summer Camp at Palmquist Elementary School**. I am aware that this camp is separate from OUSD and assume risks of damage, or injury that may be sustained while participating in this activity. I therefore, release any and all rights or claims for damages against BASE Programs, and all individuals assisting in instruction, or conducting these activities.

Parent Signature: _____ Date: _____