



BASE Programs

Camp Registration Form

Student Name: _____ School: _____ Grade: _____ Gender: _____

Parent/Guardian: _____ Relationship: _____

Phone: _____ Email: _____ Pickup Notes: _____

Parent/Guardian: _____ Relationship: _____

Phone: _____ Email: _____ Pickup Notes: _____

Home Address: _____
(address, city, state, zip code)

Medical Information: _____
(Medical conditions, allergies, special needs)

Medications/Modifications: _____

Emergency Contacts

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Liability/Waiver Agreement

As the parent or legal guardian of _____, I hereby give my consent for his/her participation in BASE Camp. 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.

By typing my name, I hereby agree to the liability/waiver agreement

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____
(In person signature option)

Please indicate below, the details of dates and times you are requesting for enrollment.
