



Base Camp  
Enrollment Form

Date(s) of Care: \_\_\_\_\_

CHILD'S INFORMATION			
First Name:	Last Name:	Date of Birth:	Age:
Address:		City:	State: Zip:
Telephone Number:			
PARENT/LEGAL GUARDIAN			
First Name:	Last Name:	Employer:	
Address:		City:	State: Zip:
Telephone Number:		E-Mail:	
PARENT/LEGAL GUARDIAN			
First Name:	Last Name:	Employer:	
Address:		City:	State: Zip:
Telephone Number:		E-Mail:	
HEALTH INFORMATION:			
Does your child have any medical diagnosis or allergies that we should be aware of? If yes, please explain:			
Is your child current with all immunizations? If not, are you able to provide a current immunization record within 14 days of enrollment?			
Idaho Code 39-1118 requires that each child's immunization record or reason for exemption is provided to the operator within fourteen (14) days of initial attendance.			

PARENT/LEGAL GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

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Base Camp  
Authorization for the Application of  
Topical Products

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I, \_\_\_\_\_ give Tamarack Base Camp staff permission to apply the following topical products to my child whether it is center provided, or parent provided:

	YES	NO
Sunscreen		
Bug Spray		
Diaper Rash Cream/Ointments		
First Aid Ointments		
Lotion		
Other:		

This one-time authorization will remain in effect until a new authorization is completed by the Parent/Legal Guardian.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date



Base Camp  
Photo Release and  
Permission Slip

Child's Full Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

**Permission for Activities**

I, the undersigned parent/guardian, hereby grant permission for my child,  
\_\_\_\_\_ (Child's Name) to participate in various activities  
organized by the Tamarack Base Camp. These activities may include, but are not limited to, swimming,  
biking, hiking, skiing, and visits to the lake.

I understand and acknowledge that these activities involve certain risks. I agree to hold harmless and  
indemnify Tamarack Base Camp and its employees from any liability or injury that may occur during  
these activities.

**Photo Release**

I also grant permission for Tamarack Base Camp to take photographs of my child,  
\_\_\_\_\_ (Child's Name) during their participation in  
activities while under the care of Tamarack Base Camp. I understand that these photographs may be  
used for purposes including, but not limited to, Brightwheel, the center's website, social media,  
newspapers, advertisements, and flyers.

I agree to release and hold harmless Tamarack Base Camp from any claims or demands related to the  
use of these photographs.

By signing below, I acknowledge that I have read and understood the contents of this form and give  
my full consent for both the activities and the use of photographs as described above.

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_