

2024 Tamarak Day Camp Release, Emergency Contact & Visitor Permission Form



Camper Name(s): _____

Parent 1 Name:

Parent 2 Name:

Phone Type	Phone Number
Home	
Cell	
Work	

Phone Type	Phone Number
Home	
Cell	
Work	

Please indicate which number to call **first** if needed.

Home Parent 1 Cell Parent 1 Work Parent 2 Cell Parent 2 Work

Please list at least 2 Additional Contacts below. *Check the appropriate boxes indicating if they are Emergency Contacts, if they have permission to pick up your camper, and/or permission to visit.*

<u>First and last name</u>	<u>Relationship to camper</u>	<u>Emergency Contact</u>	<u>Permission to pick up</u>	<u>Permission to visit</u>
1. _____ Home () Cell ()	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____ Home () Cell ()	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____ Home () Cell ()	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In order to visit your camper at Tamarak or pick them up from camp:

1. Visitors must be listed on this form
2. Visitors must bring a state issued picture ID to camp
3. IDs will be checked and collected upon signing in to camp

Is anyone specifically prohibited from visiting? **YES** **NO** If yes, indicate below

<u>First and last name</u>	<u>Relationship to camper</u>
_____	_____

Camp Release

I hereby agree and declare that I am the legal parent/guardian of the above named child(ren), and hereby consent to the child(ren)'s participation in all camp activities described to me in the registration process. I authorize Tamarak Day Camp and its personnel to: transport my child(ren) to and from camp and its activities; supervise and instruct my child(ren) in all camp activities; administer First Aid or have emergency medical treatment given by paramedics or qualified physicians. I realize that with participation in a camp program involving physical activities there is a possibility of injury, for which we have medical or student coverage. I understand that Tamarak Day Camp will not provide medical insurance for any required treatment, and that any cost thereof will be at my expense. I hereby affirm that my child(ren) has/have no conditions that would make it unsafe for him/her/them to participate in camp activities. I agree to waive and release Tamarak Day Camp, its employees, and its personnel from any and all claims for injury, damage, or loss that may result from my child(ren)'s participation in camp activities. I further agree to indemnify and hold harmless Tamarak Day Camp, its employees, and its personnel from any and all claims resulting from injuries, damages, and losses sustained by my child(ren) that arise out of, connect with, or are in any way associated with my child(ren)'s participation in camp activities. I am aware that Tamarak Day Camp is responsible for my child(ren) after they come under the supervision of camp personnel. I consent to the use of my child(ren)'s pictures for the camp publicity purposes including Facebook and Instagram posts. I understand that Tamarak Day Camp may exclude my child(ren) from camp in the event that I or my child(ren) fail to abide by the camp's health and safety protocols, disrupt, impede or interfere with the operations of the camp, or threaten the health, safety or welfare of other participants or camp staff, and that no refund of any fees will be made in such circumstances. I have read and understood the camp information and foregoing Camp Release and Emergency Contact & Visitor Permission form, and agree to all terms and conditions contained therein.

Parent Signature: _____

Date: _____