

BAM Camp Registration

Name _____ Age _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Parent (Guardian) Name _____

Emergency Contact Name _____

Emergency Phone _____

Please check the desired camp session:

___ Morning Camp 8am -10:30am (ages 14-17)

___ Midday Camp 11am - 1:30pm (ages 8-10)

___ Afternoon Camp 2pm - 4:30pm (ages 11-13)



***Limited Spaces for all Sessions**

Camp Tuition:

\$399 per session or \$120 per week
July 21st thru August 22nd (5 Weeks)

Note: If paying by week, please specify desired week(s) by date: _____

Please make checks payable and mail to:

BAM Camp
6585 SW Raleighwood Lane
Portland, OR 97225

For more information, questions or comments:

Call: 503-292-7997

Email: bambodyandmind@yahoo.com

Visit: www.nodds.org/bamcamp

Minor Waiver/Release

Inconsideration of _____, my child/ward, being allowed to participate in any way in Bam Camp related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury to my child/ward from the activities involved in this camp is present, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of injury does exist; and

2. I for myself, spouse, and child/ward, I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releasees or others, and assume full responsibility for my child / ward's participation; and,

3. I willingly agree to comply with the program's stated and customary terms and conditions for participation.

4. I, for myself, my spouse, my child /ward, and on behalf of my / our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS BAM Camp / BAM Training LLC, its directors, officers, employees, volunteers, other participants, sponsors, and if applicable, owners and lessors of the premises used to conduct BAM Camp ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my child / ward's involvement or participation in this program, to the fullest extent of the law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND DSIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Print Name _____
(Parent or Guardian)

Signature _____
(Parent or Guardian)

Date _____

