

# Camper Release Form

*This Form Must Be Sent in ASAP or no later than Two Weeks Before Your Child's Week at Camp*



It is our greatest desire to care for the safety of your child. Therefore, we are concerned that your child is released, at the end of their time at camp, into the care of a parent/guardian or someone you wish to designate. Please identify **ALL** individuals authorized to pick up your camper along with your signature, date and phone number.

**IMPORTANT—DO NOT fill out Section 2. It is to be completed on the day of pick up.**

## SECTION 1

*To be completed by a Parent/Guardian*

Camper Name: \_\_\_\_\_

Age Group Name: \_\_\_\_\_

Week of Camp: \_\_\_\_\_ Dates of Camp: \_\_\_\_\_

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

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

I authorize myself and these additional individuals to pick up the camper listed above:

1. \_\_\_\_\_ Cell Number: \_\_\_\_\_

2. \_\_\_\_\_ Cell Number: \_\_\_\_\_

Please do *not* release my child to: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_

## SECTION 2

*This section will be completed at pick-up*

Signature of Person Picking-Up Camper: \_\_\_\_\_

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

*If the person signing above is not authorized to pick up the camper, we will contact the parent/guardian for permission prior to the camper being released into their custody. Identification will be required.*