

Day Camp Camper Release Form

*This Form Must Be Sent in ASAP or no later than
Two Weeks Before Coming to 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: _____

Week of Day Camp: _____ Dates of Day 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:

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

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.