

Camper Release Form

This Form Must Be Sent in ASAP or no than later Two Weeks Before 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.

INSTRUCTIONS:

- A. Complete section 1 with your camper's name and the name and dates of the camp attending.
- B. Next, please identify individuals authorized to pick up your camper along with your signature, date and phone number.
- C. **IMPORTANT – DO NOT fill out section 2. It is to be completed the day of pick-up.**
- D. Both parents are able to pick up child unless noted on this form.
- E. Return this form along with the Medical Form, Camper Covenant and Liability Form.

SECTION 1

To be completed by a Parent or Guardian

CAMPER NAME: _____

CAMP NAME: _____

CAMP WEEK: _____ DATES: _____

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

1. _____ Cell Number _____

2. _____ Cell Number _____

Please do not release my child to: _____

Signature: _____ Date: _____ Phone: _____

(parent or guardian)

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 camper, we will contact the parent/guardian for permission prior to the camper being released into the custody. Identification will be required. (Please read carefully and complete both sides of this sheet as directed.)