

Camper Release Form

Please Return this form ONLY IF camper is to be picked up by a person OTHER THAN a PARENT or GUARDIAN OR if you answer YES to the STARRED (*) QUESTION BELOW

Name of Camper: _____

Camp Event Name: _____ Dates: _____

*IS THERE ANYONE WHO IS NOT AUTHORIZED TO PICK UP THIS CAMPER FROM CAMP? YES NO (circle yes or no)

IF YES, who may NOT PICK UP THIS CAMPER: _____

If anyone other than a parent will be picking up this camper at the close of camp (that includes parents of other campers), please tell us who you are authorizing to do so.

_____; _____
_____; _____

I am the parent or guardian with legal custody of this camper:

Print your Name: _____

Signature: _____

Date: _____

*This section is to be signed at pickup by a person named above.
Please do not sign now*

Name of person picking up camper: _____

Date: _____ Time: _____

Name of paid or volunteer staff member releasing camper:
