

Camper Release Form

Camper's Name _____

Week(s) attending _____

Parents/Guardians Name(s) _____

PHONE #s Home _____ Work _____ Cell _____

I authorize Camp Wakeshma staff to release my child to either one of the following individuals who is known by my child.

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Address: _____

Address: _____

Phone: (home) _____

Phone: (home) _____

(cell) _____

(cell) _____

Signature of Parent/Guardian

Date

PERSON(S) MY CHILD MAY NOT BE RELEASED TO:

Name: _____

Relationship: _____

Name: _____

Relationship: _____

Name: _____

Relationship: _____

OFFICE USE ONLY:

OUT: _____

IN: _____

OUT: _____

IN: _____

OUT: _____

IN: _____

LAST DAY SIGN-OUT: _____

Signature of approved person

LAST DAY SIGN-OUT: _____

Signature of approved person

LAST DAY SIGN-OUT: _____

Signature of approved person