

CAMPER RELEASE FORM



Only for those in need of transportation:

Top portion to be completed by Parent/Guardian and returned with packet

Camper's Name: _____

Camp: **The Chosen Ministry Camp** Session Dates: **August 18,19,20 2018**

Person(s) Authorized to pick up camper (in addition to Parent/Guardian):

Parent/Guardian Name (printed): _____ Phone #: _____

Signature of Parent/Guardian: _____ Date: _____

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This portion to be completed at end of each Camp Day

• Day 1: _____ Date: _____

Identification Verified: Yes No Verified by (Initials): _____

Signature of Person released to: _____

Driver Releasing Camper: _____

• Day 2: _____ Date: _____

Identification Verified: Yes No Verified by (Initials): _____

Signature of Person released to: _____

Driver Releasing Camper: _____

• Day 3: _____ Date: _____

Identification Verified: Yes No Verified by (Initials): _____

Signature of Person released to: _____

Driver Releasing Camper: _____