



# Camper Release Form

(one per child)

**The person(s) listed below are authorized to pick up my child from the Warren Willis United Methodist Summer Camp.**

\_\_\_\_\_  
Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_

**Camper Name:** \_\_\_\_\_

**Week of Camp:** \_\_\_\_\_

**Age Level** (elementary, middle, or high school): \_\_\_\_\_

**THIS CAMPER WILL BE PICKED UP BY:**

**1. Name** (please print) \_\_\_\_\_

**Relationship** \_\_\_\_\_

**2. Name** (please print) \_\_\_\_\_

**Relationship** \_\_\_\_\_

**SIGNATURE OF ABOVE PERSON(S)**

1. \_\_\_\_\_

2. \_\_\_\_\_

Check here if the above person(s) is a church representative.

----- **Do not sign below until camp check out time** -----

**Sign Out Section: End of Camp Program**

Authorized Release Signature: (Must be the same as signature above.) If any change, please bring a note for camper's parent/guardian, WITH THEIR SIGNATURE, telling us who is allowed to pick them up. Thank you.

**Signature to match one of the above:**

\_\_\_\_\_  
Date \_\_\_\_\_



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**SIGNATURE OF ABOVE PERSON(S)**

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