

FOR OFFICE USE ONLY
ELEM – JR – SR
I – II – III – IV – V – VI

Camper Checkout Form

FOR OFFICE USE ONLY

Hall Room/Side

Please Print

Camper's Name: _____

Address: _____ City _____ State _____ Zip _____

Parent's Names: _____

Parent's Phone Numbers:

Mother's Home: () _____ Work: () _____ Cell: () _____

Father's Home: () _____ Work: () _____ Cell: () _____

This Check-Out Form serves two purposes:

- 1) It helps you, the parent, guardian or other designated individual, to check your child out of camp in a **prompt** manner. Without this form it can be very time consuming, for you the parent and the staff at camp, to go through the check out process. We take EVERY measure of safety when it comes to your child. Our checkout process requires 2 signatures, ID verification with photo ID, and Checkout form signature verification.
- 2) Secondly, this form makes sure WE know where your child is and with WHOM they are to leave camp. For example, some parents are divorced and one parent may not have custody or visitation rights, etc...

Please PRINT and LIST ALL names of ANY individual that may check your child out of camp, should it become necessary. Be sure to include persons that may be volunteering at camp who have vehicles.

Name _____ Name _____

Name _____ Name _____

Name _____ Name _____

I authorize the above listed individuals to check my son/daughter out of camp should it become necessary. I further agree and understand that some of the people I designate may be minors and that the camp director will have to call (at the above numbers) to receive my authorization before taking my child out of camp. I understand that the camp is not responsible if he/she should have a traffic accident while traveling to and from camp. I further agree that my son/daughter will checkout in the main office if he/she should have to leave during the camp.

Signature of Parent/Guardian **X** _____

Early Check Out: Please indicate what day and time your child will be checking out and WHO will be picking them up.

What Day? _____ at _____ am/pm. Who will be picking them up? _____

Will your child be returning to camp if checked out early? _____ If so what day? _____ Time: _____ am/pm

End of Camp Pick-up:

Please indicate who will be picking up the participant at the close of camp: _____

NOTE: If the camper will be driving himself/herself home, please indicate on the line above with his/her name.

FOR OFFICE USE ONLY! Camper Checkout Signature: X _____