

FOR OFFICE USE ONLY

Date:

Name	Session Attending	Cabin/Room	Group Name/Number

Camper Checkout Form

Please Print

Camper's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian: _____ Parent/Guardian: _____

Home Phone: (_____) _____ Home Phone: (_____) _____

Work Phone: (_____) _____ Work Phone: (_____) _____

Cell Phone: (_____) _____ Cell Phone: (_____) _____

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 a parent/guardian not signing this form, persons that may be volunteering at camp, or siblings here as campers.

Name	
Name	
Name	

Name	
Name	
Name	

Along with myself, 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 _____ Date _____

Printed Name _____

Early Check Out: Please indicate what day and time your child will be checking out prior to camp.

DAY: _____ TIME: _____ AM/PM

Signature of person checking out camper

Printed Name

Coordinator: _____ Office: _____

Will your child be returning to camp? YES / NO

If yes, DAY: _____ TIME: _____ AM/PM

End of Camp Pick-up:

Signature of person checking out camper

Printed Name

For self-check out, note TIME: _____ AM/PM

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

To ensure the safety of ALL campers, Early Check Outs will not be allowed after 2:00p Friday. Please make arrangements accordingly. Thank you