



19088 BROWNSVILLE ROAD CASSOPOLIS MI 49031 | 269-476-2550 | campwagner@lrcsda.com

CAMPER RELEASE FORM

This form must be completed, signed, and turned in at check-in on arrival at camp.

The State of Michigan requires that we have a plan to assure that campers leave camp only with authorized persons. R 400.11117.

CAMPER'S NAME: _____

Only the following people, other than me, are authorized to pick up the above named camper at the completion of the camp session. All persons picking up a child will have to present a valid ID.

PLEASE PRINT NAMES:

1. _____ Relationship to Camper: _____

2. _____ Relationship to Camper: _____

3. _____ Relationship to Camper: _____

Are there any persons who are NOT authorized to pick up your camper?

Will your camper be leaving camp at any time and then returning during his/her stay?

Y N Explain: _____

Will your camper be leaving early on the last day of camp?

Y N Explain: _____

Signature of Parent/Guardian: _____

Print Name of Parent/Guardian: _____

Relationship to Camper: _____

THIS SECTION TO BE COMPLETED WHEN CAMPER LEAVES CAMP

Date of Check-out: _____

Signature of Authorized Person: _____

Relationship to Camper: _____