

KAMP KIWANIS®
Authorization to Admit and Release Kamper

Dear Parent/Guardian:

Please provide Kamp with written authorization from each parent/guardian to authorize release of a kamper to themselves or any other adult at the end of a session, during a session, or in the event of an emergency.

PLEASE PRINT:

Name of Kamper _____

Date _____

I authorize the admittance and release of my kamper to the following adults **include both parents'/guardians' names if kamper may be released to either:**

Parent/Guardian #1 Name: _____

Signature _____

Parent/guardian

Parent/Guardian #2 Name: _____

Signature _____

Parent/guardian

Agency/Kiwanis Contact Name: _____

<u>Other Adults</u>	<u>Relationship to child</u>	<u>Telephone Number</u>
_____	_____	() _____
_____	_____	() _____
_____	_____	() _____
_____	_____	() _____

FOR KAMP USE ONLY

Signature of authorized person

Date of admittance

Signature of staff member admitting

Time of admittance

Signature of authorized person

Date of release

Signature of staff member releasing

Time of release

Please mail this form with kamper application to:
Kamp Kiwanis, 9020 Kiwanis Road, Taberg, NY 13471
Tel: 315-336-4568 Fax: 315-336-3845
kampkiwanis@hotmail.com www.kampkiwanis.org

FOR KAMP USE ONLY

_____ Signature of authorized person	_____ Date of admittance
_____ Signature of staff member admitting	_____ Time of admittance
_____ Signature of authorized person	_____ Date of release
_____ Signature of staff member releasing	_____ Time of release

_____ Signature of authorized person	_____ Date of admittance
_____ Signature of staff member admitting	_____ Time of admittance
_____ Signature of authorized person	_____ Date of release
_____ Signature of staff member releasing	_____ Time of release

_____ Signature of authorized person	_____ Date of admittance
_____ Signature of staff member admitting	_____ Time of admittance
_____ Signature of authorized person	_____ Date of release
_____ Signature of staff member releasing	_____ Time of release