

# KAMP KIWANIS

## Authorization to Admit and Release Kamper

PLEASE PRINT:

**Kamper Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Dear Parent/Guardian:

Please Provide Kamp Kiwanis with written authorization from EACH parent/guardian to authorize release of a kamper to themselves or any other adult at the beginning, during, or end of a session or in an event of emergency. Please list any agency or Kiwanis Club members if you authorize them for admit or release. Each person admitting or releasing must show photo Identification.

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

**Parent/Guardian #1:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Cell phone #:** \_\_\_\_\_

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

**Parent/Guardian #2:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Cell phone #:** \_\_\_\_\_

**Other adults authorized:**

Name	Kiwanis Club/Agency Name	Relationship	Cell #

**FOR KAMP USE ONLY**

Session: \_\_\_\_\_ Name of Adult Authorized: \_\_\_\_\_

Signature of Adult Authorized: \_\_\_\_\_ Date of Admittance: \_\_\_\_\_

Name of Staff Member: \_\_\_\_\_ Time of Admittance: \_\_\_\_\_

Session: \_\_\_\_\_ Name of Adult Authorized: \_\_\_\_\_

Signature of Adult Authorized: \_\_\_\_\_ Date of Release: \_\_\_\_\_

Name of Staff Member: \_\_\_\_\_ Time of Release: \_\_\_\_\_

Please mail this form with the kamper application to:  
Kamp Kiwanis, 9020 Kiwanis Road, Taberg, NY 13471  
Tel:315336-4568 Fax:315-336-3845  
kampkiwanis@hotmail.com www.kampkiwanis.org  
Send missing pieces to: kampkiwanisapplications@gmail.com

**FOR KAMP USE ONLY**

Session: \_\_\_\_\_ Name of Adult Authorized: \_\_\_\_\_  
Signature of Adult Authorized: \_\_\_\_\_ Date of Admittance: \_\_\_\_\_  
Name of Staff Member: \_\_\_\_\_ Time of Admittance: \_\_\_\_\_

Session: \_\_\_\_\_ Name of Adult Authorized: \_\_\_\_\_  
Signature of Adult Authorized: \_\_\_\_\_ Date of Release: \_\_\_\_\_  
Name of Staff Member: \_\_\_\_\_ Time of Release: \_\_\_\_\_

**FOR KAMP USE ONLY**

Session: \_\_\_\_\_ Name of Adult Authorized: \_\_\_\_\_  
Signature of Adult Authorized: \_\_\_\_\_ Date of Admittance: \_\_\_\_\_  
Name of Staff Member: \_\_\_\_\_ Time of Admittance: \_\_\_\_\_

Session: \_\_\_\_\_ Name of Adult Authorized: \_\_\_\_\_  
Signature of Adult Authorized: \_\_\_\_\_ Date of Release: \_\_\_\_\_  
Name of Staff Member: \_\_\_\_\_ Time of Release: \_\_\_\_\_

**FOR KAMP USE ONLY**

Session: \_\_\_\_\_ Name of Adult Authorized: \_\_\_\_\_  
Signature of Adult Authorized: \_\_\_\_\_ Date of Admittance: \_\_\_\_\_  
Name of Staff Member: \_\_\_\_\_ Time of Admittance: \_\_\_\_\_

Session: \_\_\_\_\_ Name of Adult Authorized: \_\_\_\_\_  
Signature of Adult Authorized: \_\_\_\_\_ Date of Release: \_\_\_\_\_  
Name of Staff Member: \_\_\_\_\_ Time of Release: \_\_\_\_\_

**FOR KAMP USE ONLY**

Session: \_\_\_\_\_ Name of Adult Authorized: \_\_\_\_\_  
Signature of Adult Authorized: \_\_\_\_\_ Date of Admittance: \_\_\_\_\_  
Name of Staff Member: \_\_\_\_\_ Time of Admittance: \_\_\_\_\_

Session: \_\_\_\_\_ Name of Adult Authorized: \_\_\_\_\_  
Signature of Adult Authorized: \_\_\_\_\_ Date of Release: \_\_\_\_\_  
Name of Staff Member: \_\_\_\_\_ Time of Release: \_\_\_\_\_

**FOR KAMP USE ONLY**

Session: \_\_\_\_\_ Name of Adult Authorized: \_\_\_\_\_  
Signature of Adult Authorized: \_\_\_\_\_ Date of Admittance: \_\_\_\_\_  
Name of Staff Member: \_\_\_\_\_ Time of Admittance: \_\_\_\_\_

Session: \_\_\_\_\_ Name of Adult Authorized: \_\_\_\_\_  
Signature of Adult Authorized: \_\_\_\_\_ Date of Release: \_\_\_\_\_  
Name of Staff Member: \_\_\_\_\_ Time of Release: \_\_\_\_\_