

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/releasing must show photo Identification. Please mail in or **upload during kamp online registration.**

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
kamp@kampkiwanis.org www.kampkiwanis.org
Send missing pieces to: applications@kampkiwanis.org

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: _____

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