

# 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:(315) 336-4568

kamp@kampkiwanis.org

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

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

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

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