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

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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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:_____

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Signature of Adult Authorized:_____ Date of Release:_____

Name of Staff Member:_____ Time of Release:_____