



After School Adventures at Warren Willis Camp
Release Form
(one per child)

The person(s) listed below are authorized to pick up my child from After School Adventures:

Parent/guardian signature Date

Camper Name: _____

THIS CAMPER MAY BE PICKED UP BY:

1. Name (please print) _____ Relationship _____

Phone Number _____

2. Name (please print) _____ Relationship _____

Phone Number _____

3. Name (please print) _____ Relationship _____

Phone Number _____

4. Name (please print) _____ Relationship _____

Phone Number _____

5. Name (please print) _____ Relationship _____

Phone Number _____

6. Name (please print) _____ Relationship _____

Phone Number _____