



## After School Adventures Release Form (one per child)

The person(s) listed below are authorized to pick up my child from After School Adventures at Warren Willis Camp. Please remember to include yourself.

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 \_\_\_\_\_

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_