

Camper Release Form

Gretna Glen Camp & Retreat Center

Office Use Only:
 Mid Week Release
 Early Release

Camper Name: _____

Program Name: _____

Event Dates: _____ to _____

THIS CAMPER WILL BE PICKED UP BY:

1. Printed Name: _____ Contact # _____

Relationship: _____

Signature: _____

OR

2. Printed Name: _____ Contact # _____

Relationship: _____

Signature: _____

Signature of Parent / Guardian completing this form

Please do not sign in box below until check out.

SIGN OUT SECTION: END OF CAMP PROGRAM

Authorized Release Signature: _____
(Must be the same as signature #1 or #2)

If this camper needs to be picked up by someone other than a person listed above, the Parent or Guardian must call the camp office prior to Check Out and send a signed note to confirm the change. Photo Identification may be required.

Initials of Staff Member verifying Authorized Release Signature: _____

Medication Returned (if needed) _____