

Camper Release Form
Gretna Glen Camp & Retreat Center

Camper Name: _____

Program Name: _____

Event Dates: ____/____/____ till ____/____/____

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 time!

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) _____