



Camp Howe
P.O. Box 326
Goshen, MA 01032
office@camphowe.com
www.camphowe.com
413-268-7635

CAMPER RELEASE FORM

Camper's Name _____
Last First

Registered Sessions: _____

Camper lives with (circle one): Mother _____ Father _____ Other (specify) _____

1st Parent's or Guardian's Name _____

Home Phone _____ Business Phone _____

2nd Parents/Guardian Name _____

Home Phone _____ Business Phone _____

I authorize the following people to drop off or pick up my camper. Should the camper need to leave camp when I am on vacation or otherwise unavailable, these persons are authorized and instructed to pick up this camper.

In case of a request for the release of your child to a person not listed, your child will remain at camp until we hear from you or one designated below gives us permission to release your child.

Please notify us immediately if there are any changes in the list at any time during the camp session. *You can make changes at any time by contacting the camp office.*

Be sure to include or add names of carpool drivers if a day camper.

| <u>Name</u> | <u>Relationship to Camper</u> | <u>Day Phone</u> | <u>Evening Phone</u> |
|-------------|-------------------------------|------------------|----------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Parent or Guardian's Signature _____ Date _____