



# STAFF MINOR RELEASE FORM

## SUMMER GAMES CAMP 2025

Camp Dates: July 12 – 17, 2025

**Instructions:** Parents/Guardians, please fill out Section I with your child's information. Read through each statement in Section II and clearly answer Yes or No, then sign where indicated. Answer each statement in Section III and sign where indicated. Please return this completed form to the camp's Registrar.

**Any staff minor without this form will not be admitted into Summer Games Camp.**

**Mail or Email to Camp Registrar:**

Aliecia Zygallo  
43964 Elm Dr  
Sterling Heights MI 48313  
[office@summertimercamp.org](mailto:office@summertimercamp.org)  
(616) 617-2677

Camp website: <https://summertimercamp.org>

**Section I: Staff minor's name.**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

**Section II: Transportation, media, and personal information release.**

**Transportation Authorization:** I give permission for me/my child to be transported in a camp designated vehicle to/from grounds for camp related activities, if necessary.

YES  NO

**Media/Photo Release:** I give permission for Summer Games Camp, Inc. to use photos, videos, and/or audio of me/my child for promotional purchases such as the camp website, social media page, brochures, etc.

YES  NO

**Address Release:** Summer Games Camp, Inc. prints and provides an address book to send home with all camp attendees. I give permission for Summer Games Camp, Inc. to use me/my child's name, address and/or phone number for such directory.

YES  NO

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent/Guardian

**Section III: Staff minor release information. These questions are asked and will be strictly enforced by our camp staff for the safety and protection of your child.**

Check out is at 7:00 PM on the last day of camp. Will your child need to be picked up early?  Yes  No

If yes, when? \_\_\_\_\_

Please list the person(s) to whom your child should **NOT** be released to: \_\_\_\_\_

Name of person who **WILL** pick up your child on the last day of camp: \_\_\_\_\_  
(Should plans change, please send with the person of your choice a written, signed statement of permission for your child's release.)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent/Guardian

**Section IV: To be completed by Summer Games Camp, Inc. personnel when staff minor is checked out.**

Child checked out by: \_\_\_\_\_

Printed name as written on Driver's License

Driver's License Number

Signature: \_\_\_\_\_ Date: \_\_\_\_\_