# CAMPER RELEASE FORM

## SUMMER GAMES CAMP 2025

Camp Dates: July 11 – 16, 2026

***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 camper without this form will not be admitted into Summer Games Camp***.

**Mail or Email to Camp Registrar:**

Summer Games Camp Registrar
P.O. Box 456
Clarkston MI 48348
office@summergamescamp.org
(231) 499-1928

Camp website: https://summergamescamp.org

Section I: *Camper's name.*

First Name: _____ Last Name: _____

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

| | YES | NO |
|---|---|---|
| **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. | ☐ | ☐ |
| **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. | ☐ | ☐ |
| **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. | ☐ | ☐ |

_____ _____
Signature of Parent/Guardian Date

_____
Printed Name of Parent/Guardian

Section III: *Camper 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 camper is checked out.*

Child checked out by: _____ _____
Printed name as written on Driver's License Driver's License Number

Signature: _____ Date: _____