



STAFF CRIMINAL RECORD CHECK

SUMMER GAMES CAMP

Instructions: Staff/Volunteer, please fill out this form if you are 18 years of age or older and return this to the camp's Admin prior to camp.

Any individual 18 years of age or older will not be admitted into Summer Games Camp without this form filled out and submitted prior to camp.

Mail or Email to Camp Admin:

Summer Games Administration
P.O. Box 456
Clarkston MI 456
azygadlo@summergamescamp.org
(616) 617-2677

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

Authorization and Request for Criminal Records Check

I, _____, hereby authorize **Summer Games Camp, Inc.** to request the State Police Department to release information regarding any record of charges or convictions contained in its files, or in criminal file maintained to me, whether said crimes committed against minors to the fullest extent permitted by state and federal law. I do release said police/sheriff's department or other agencies from all liability that may result from any such disclosure made in response to this request.

Signature of Applicant

Date

Printed Name of Applicant

Date of Birth

Gender

Race/Ethnic Group

Print ALL Previously Used Names

Maiden Name (if any)