

Camp West Woods

Camper Release Authorization

Please indicate the name(s) of any adults other than yourself who may pick your child(ren) up at camp at anytime during the summer. We will only release your child(ren) to those authorized adults you have listed.

NAMES OF CAMPERS

1st Camper: _____
Last Name First Name

2nd Camper: _____
Last Name First Name

3rd Camper: _____
Last Name First Name

I give permission to Camp West Woods to release the above named camper(s) to the following AUTHORIZED ADULTS:

- 1.
- 2.
- 3.

Do not release my child(ren) to the following: _____

I have read and understand the camp's policy with regard to pick-up.

Signature of Parent or Guardian

Date

Please send by return mail to:

Camp West Woods
808 West Street
Stoughton, MA 02072