

YMCA Camp Seymour Camper Release YMCA OF PIERCE AND KITSAP COUNTIES



PLEASE TYPE OR PRINT LEGIBLY AND COMPLETE ALL NON-SHADED AREAS OF THIS FORM

THIS CAMPER RELEASE IDENTIFIES AUTHORIZED ADULTS TO PICK UP AND/OR BE CONTACTED REGARDING THE BELOW-NAMED CAMPER. ADULTS LISTED ON THIS FORM UNDERSTAND THEY HAVE BEEN IDENTIFIED AS CONTACTS WHILE THE CAMPER IS IN THE CARE OF YMCA CAMP SEYMOUR, AND THAT THEY MAY BE CONTACTED TO PICK UP THE CAMPER AS NEEDED, DUE TO ILLNESS, INJURY, AND/OR BEHAVIOR, OR AT THE END OF THE REGISTERED SESSION.

ADULTS DROPPING OFF/PICKING UP THE CAMPER MUST SIGN THIS RELEASE AT YMCA CAMP SEYMOUR; THE SIGNATURE MUST BE WITNESSED BY A YMCA CAMP SEYMOUR STAFF MEMBER. ONLY AUTHORIZED ADULTS LISTED ON THIS RELEASE CAN PICK UP CAMPERS FROM YMCA CAMP SEYMOUR. YMCA CAMP SEYMOUR WILL ONLY RELEASE CAMPERS TO ADULTS LISTED BELOW, REGARDLESS OF THEIR RELATIONSHIP TO THE CAMPER OR BEING LISTED ON ANOTHER FORM; THEREFORE, PLEASE MAKE SURE ALL APPROPRIATE PARENTS, GUARDIANS, RELATIVES, AND FRIENDS ARE LISTED, AS APPROPRIATE.

FOR YOUR CAMPER'S SAFETY, PHOTO IDENTIFICATION WILL BE REQUIRED AT PICK UP. IF YOU NEED TO MAKE ANY CHANGES TO THIS FORM, PLEASE NOTIFY YMCA CAMP SEYMOUR AT 253-884-3392 IMMEDIATELY.

CAMPER INFORMATION

LAST NAME	FIRST NAME	MIDDLE INITIAL
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REGISTERED SESSION (PLEASE COMPLETE ONE CAMPER RELEASE FORM FOR EACH REGISTERED SESSION)

CAMPER LIVES WITH

☐ Mother ☐ Father ☐ Both: Together ☐ Both: Separately ☐ Other:

AUTHORIZED ADULTS

THE FOLLOWING ADULTS ARE ALLOWED TO PICK UP THE ABOVE-NOTED CAMPER FROM YMCA CAMP SEYMOUR.

NAME	RELATIONSHIP TO CAMPER	DAY PHONE	CELL/EVENING PHONE
	Parent/Guardian		
	Parent/Guardian		

PARENT/GUARDIAN AUTHORIZATION

BY MY SIGNATURE BELOW, THE ADULT(S) LISTED ABOVE ARE AUTHORIZED TO PICK UP MY CAMPER FROM YMCA CAMP SEYMOUR AS NECESSARY SHOULD HE/SHE/THEY NEED TO LEAVE CAMP EARLY DUE TO ILLNESS, INJURY, AND/OR BEHAVIOR, OR AT THE END OF THE SESSION. I HAVE INFORMED THESE ADULTS THAT THEY ARE LISTED HERE AND MAY BE CONTACTED. IN ADDITION, I WILL BE SURE ONE OF THE ADULTS LISTED ABOVE WILL PICK UP MY CAMPER AT THE END OF THE REGISTERED SESSION.

ALSO BY MY SIGNATURE BELOW, I GIVE PERMISSION TO YMCA CAMP SEYMOUR TO PROVIDE OR ARRANGE ANY NECESSARY PROGRAM-RELATED TRANSPORTATION* FOR THE ABOVE-NOTED CAMPER (E.G., SPECIALTY CAMP DAY-TRIP TRANSPORTATION, LOW-TIDE BOATING ACCOMMODATIONS, ADVENTURE CAMP TRIP TRANSPORTATION, ETC.).

PARENT/GUARDIAN SIGNATURE	DATE (MM/DD/YYYY)
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PRINTED NAME

*Transportation is likely to be by minibus, driven by a YMCA Camp Seymour staff member or volunteer. All drivers complete a driving safety course and vehicle orientation.