



**Del-Mar-Va Council  
Day Camp  
Release Form**



**Participant's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Home Phone (\_\_\_\_\_)** \_\_\_\_\_

My child, \_\_\_\_\_, may be transported to/from Camp with the following people:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I hereby authorize Camp personnel (Camp Directors, Program Directors, Den Leaders, Den Helpers) to release my child to any of the above noted people.

Anyone your child should not be released to:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_