



Safe Dismissal Consent Form

Camper Information

Camper Full Name:	
Date:	
Camp Attending:	
Primary Contact Full Name:	

Please authorize the individuals that your child can be released to at the end of the camp day. Campers will ONLY be released to those listed on this form. ID is required at each pick up, no exceptions.

Full Name	Relationship to Camper	Notes:

One of the above contacts must be available to come pick up the camper within 30 minutes, if necessary.

<p>I give permission for my child to sign themselves out at the end of the camp day. Self-sign out is NOT recommended for campers under the age of 9 years old.</p> <p>I hereby understand that by allowing my child to sign themselves into and out of camp that staff supervision will not be provided and the Town of Newmarket is NOT responsible for them beyond their registered hours.</p>	Yes:	No:

Notes:	
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Signature:	
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