

Check-Out Release Form

Child's Name: _____

Please List all persons **(including yourself!)** that will be picking up your camper:

• Name: _____

Address: _____

Telephone: _____

When: _____

• Name: _____

Address: _____

Telephone: _____

When: _____

• Name: _____

Address: _____

Telephone: _____

When: _____

• Name: _____

Address: _____

Telephone: _____

When: _____

****Campers will not be released to anyone NOT listed above!**

**My Camper, listed below, is 11 years or older and can walk or bike to/from camp with my permission.
If my child would like to leave early, I understand that I will be notified first.**

• Name: _____

Address: _____

Telephone: _____

When: _____

**I understand that the Town of Burlington and/or its representatives may require the above
named persons to verify their identification.**

Signature of Parent/Guardian

Date