



Camp Release Form

To be completed and signed by parent or guardian. Please complete one form for each camp the child is attending. The preferred phone number will be the first one we use if we need to contact you for any reason. Please print and use black or blue ink.

Child's name: _____ Age: _____

Parent/Guardian name: _____ Preferred Phone (____) _____

Add'l Phone (____) _____

Name of camp: _____ Dates of camp: _____

Is your child participating in our Camp Collaboration Program? Yes No

If yes, with which museum: _____

Are there legal custodial issues that we should be aware of? Yes No

If yes, please explain: _____

If anyone other than yourself is authorized to pick up your child, please list their name(s) and phone number(s) below. That number must be where that person may be reached during camp hours. If your camper will be carpooling with another parent, please include that parent's name below. ID will be required upon pick-up.

Name/Relation: _____ Phone (____) _____ Cell (____) _____

Name/Relation: _____ Phone (____) _____ Cell (____) _____

Name/Relation: _____ Phone (____) _____ Cell (____) _____

To finalize enrollment, return this form no later than **one month prior** to your child's first class.

Mail to:

San Diego Natural History Museum
Attn: Education Department
P.O. Box 121390
San Diego, CA 92112-1390

Fax: 619.235.9446