



## Camper Release Form

December 21–30, 2015

Please complete one form per camper.

The preferred phone number will be the first one we use if we need to contact you for any reason.

Please **print clearly** and use dark ink.

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Preferred Phone (\_\_\_\_) \_\_\_\_\_

Add'l Phone (\_\_\_\_) \_\_\_\_\_

Name of Camp: \_\_\_\_\_ Date: \_\_\_\_\_

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Name of Camp: \_\_\_\_\_ Date: \_\_\_\_\_

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

If yes, please explain: \_\_\_\_\_

If anyone other than the person listed above 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. Please be sure to list the alternate emergency contact and the parents of any other campers if you plan to carpool. **ID will be required upon pick up.**

Name/Relation: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Name/Relation: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Name/Relation: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

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Please return this form before your camper's first day at camp via one of the delivery methods below.

**Email: [education@sdnhm.org](mailto:education@sdnhm.org) (preferred)**

Fax: 619.235.9446

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