

RESIDENT CHECK-OUT FORM

*This form is only necessary if your camper will be leaving for a period of time before the end of camp

Instructions: Please write your campers name on the line below and check the session they are attending. After that place a check mark in the box that indicates if you will be the only one with permission to pick up your camper, or check the other box indicating that others are allowed to pick up your camper. If you check the box indicating that others may pick up your camper, please list all those whom we have permission to release your camper to, and their relationship. If you know in advance of instances when your camper will be leaving camp, please notify us ahead of time. And also please notify us when you return your camper to our care.

CAMPER NAME: _____

SESSION: 1 2

Parent/Guardian only allowed to pick up camper.

Others have my permission to pick up camper.

List others (Please Print): **Relationship**

1. _____

2. _____

3. _____

Date and time of check-out / return

Leave: _____ **Return:** _____

Leave: _____ **Return:** _____

I hereby give the person(s) named above permission to checkout my child from the University of Michigan Women's Gymnastics Summer Camp.

Parent/Guardian Signature: _____

Date: _____

***Please note that every camper MUST be signed out with our staff each time they leave.**