



# Shetek Lutheran Ministries Camper Release Form

As parents, you have entrusted us with your most precious possession - your children. We must do all we can to provide them the best care while they are our responsibility. This includes ensuring that campers, who leave and return, depart with an authorized person. If your camper will be leaving Shetek Lutheran Ministries before the end of his/her camp session, it is SLM's policy that you complete and return the below form. If you have questions, please contact **Shetek Lutheran Ministries at 507-763-3567** or [camp@shetek.org](mailto:camp@shetek.org).

## Shetek Lutheran Ministries Camper Release Form

**This form must be turned in during camper registration or given to SLM's Program Director**

Camper (First & Last Name): \_\_\_\_\_

Reason for Early Departure and Return: \_\_\_\_\_

Date & Time of Departure from Camp: \_\_\_\_\_

Date, Time and Place for Return to Camp: \_\_\_\_\_

Please mark one of the following:

I (Custodial Parent) will be picking up and returning my child from and to camp.

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Someone other than me will be picking up returning my child from camp and I hereby authorize the following person(s) to pick up my child at the above indicated time(s):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell phone: \_\_\_\_\_

**Signature of Custodial Parent:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Camper Name: \_\_\_\_\_ Counselor: \_\_\_\_\_ Cabin: \_\_\_\_\_

Note: \_\_\_\_\_