



Authorization to Release Child

(Include self, spouse, and older siblings if applicable)

Name of Camper(s):

1. _____

2. _____

3. _____

I give permission for **Camp Victory Lake Summer Camp** to release my child/children to the following individuals:

Authorized Individuals:

1. **Name:** _____
 - **Cell/Work Phone:** _____
 - **Home Phone:** _____
 - **Address:** _____
2. **Name:** _____
 - **Cell/Work Phone:** _____
 - **Home Phone:** _____
 - **Address:** _____
3. **Name:** _____
 - **Cell/Work Phone:** _____
 - **Home Phone:** _____
 - **Address:** _____

Terms & Conditions:

- I understand that under **no circumstances** will my child/children be released to individuals other than those listed above without my **written authorization**.
- I acknowledge that I must include at least **one local contact** (not an immediate family member) for **emergency purposes**. If this section is incomplete, my child **will not be allowed to attend camp**.

Parent/Guardian Signature: / _____ / **Date:** _____

Parent/Guardian Signature (if applicable): / _____ / **Date:** _____