



Camper Walking RELEASE FORM

Dear Parents,

Please be advised that your child/ren CAN NOT walk home from camp unless this form is signed and returned to the Lubavitch Day Camp Office.

Thank you,
Sarah Dyman, LDC Coordinator.

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**CAMPER(S) INFORMATION**

| Name(s) | Age | Gender ( circle one) |   | Camp Session ( circle one) |      |      |
|---------|-----|----------------------|---|----------------------------|------|------|
|         |     | M                    | F | July                       | Aug. | Full |
|         |     | M                    | F | July                       | Aug. | Full |
|         |     | M                    | F | July                       | Aug. | Full |
|         |     | M                    | F | July                       | Aug. | Full |
|         |     | M                    | F | July                       | Aug. | Full |
|         |     | M                    | F | July                       | Aug. | Full |

Parent(s) / Guardian(s) Name: \_\_\_\_\_

**HOME ADDRESS (OR ADDRESS/LOCATION THE CHILD(REN) WILL BE WALKING TO/ FROM)**

\_\_\_\_\_  
(Apt. number and street name)

\_\_\_\_\_ (City)                      \_\_\_\_\_ (Postal Code)

**RELEASE**

**I give my child(ren) permission to walk unaccompanied by a parent/guardian, TO/ FROM (circle one OR both) the address stated above for the duration of the Camp Session circled above - unless otherwise notified.**

I UNDERSTAND THAT MY CHILD **MUST SIGN OUT BEFORE** BEING DISMISSED FROM OUR CAMPUS.

\_\_\_\_\_  
Signature of Parent/ Guardian

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date: (MM/DD/YYYY)