



MERIDEN YMCA
MOUNTAIN MIST OUTDOOR CENTER
DAY CAMP

CAMPER RELEASE FORM

Child's Name: _____ Gender: __ Male __ Female

Parent/Guardian name: _____

Home Phone: () _____ Work Phone: () _____

Cell Phone: () _____ Relationship to camper: _____

Parent/Guardian name: _____

Home Phone: () _____ Work Phone: () _____

Cell Phone: () _____ Relationship to camper: _____

APPROVED PICK UP LIST (PLEASE DO NOT LIST PARENTS AGAIN):

Name: _____

Relationship to camper: _____

Home Phone: () _____ Work Phone () _____ Cell Phone () _____

Name: _____

Relationship to camper: _____

Home Phone: () _____ Work Phone () _____ Cell Phone () _____

Code Word _____

(this is required for anyone picking up the above named child)
 The code word and pick up list should be the same on all forms.

By signing below, I certify that I have read the Parent Handbook and have a full understanding of Mountain Mist Day Camp's policies and procedures.

_____ (Signature)