

## Parent Release Form Camp Lake Louise

To comply with Michigan Camp Licensing R 400.11117 Rule 117, Camp Lake Louise, 10750 Stafford Rd., Boyne Falls, Michigan, MUST have the name of authorized adult(s) to whom each camper may be released.

**Please complete this release form, and present it at time of check in.**

Please **do not mail** this form to the camp or the Registrar.

Camper's Name \_\_\_\_\_

\_\_\_\_\_ I will be picking my camper up at camp.

\_\_\_\_\_ I give permission for \_\_\_\_\_ to be released to  
(Camper Name)  
\_\_\_\_\_ at the close of camp.  
(Authorized Adult, Family or Church)

Signature of Parent/Authorized Guardian \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_

To be completed at time of release: Date \_\_\_\_\_ Time \_\_\_\_\_

Authorized Adult Signature \_\_\_\_\_ Date \_\_\_\_\_