COCA Summer Arts Camps

# STUDENT RELEASE FORM

**Please complete one for each student if you registered online. <u>This form only needs to be submitted once, even if your child will attend multiple camps during the summer.</u>**

Student Name: _____

Age: ◯ 3-5 ◯ 6-7 ◯ 8-11 ◯ 12+

**Camp Name(s):** *Current Week or First Camp Attending*

☐ AM/Full Day Camp_____

☐ PM Camp _____

Parent/Guardian Name: _____

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

**PLEASE FILL OUT ALL THAT APPLIES:**

☐ I authorize my child (**12 or older**) to sign himself/herself out at the end of the camp day.

☐ I authorize the following people (**other than parents/guardians**) to pick up my child.
**The system only allows two individuals to be listed, so please contact the Registration Office if there are changes.**

| Names | Telephone | Relationship to Student |
|---|---|---|
| 1. | | |
| 2. | | |

_____ _____
Parent Signature Date