

**Camp Arrowhead
P.O. Box 625
Lewes, DE 19958**

**Registrar
Phone: 302-645-5348
Fax: 302-645-8784**

**Assistant Director
Phone: 302-945-0610 x 1
Fax: 302-945-7225**

Parent/Guardian Permission
Please print

Camper Name: _____

Parent/Guardian Name: _____

Phone: Home & Cell _____

Session: (circle) Resident: 1 2 2H 3 4 5 Taste of Camp Day: A B C D E F

Counselor/Unit Leader :(for office use only) _____

My camper will not be picked up by myself or guardian. He/She will be picked up by or has permission to leave camp with the person listed below.

Circle one:

1. My camper is aware of who is picking him/her up from camp.
2. My camper is not aware; please notify my camper of this change in transportation plans.

Name of person who will be transporting camper home: _____

Home phone: _____ Cell: _____

Parent/Guardian sign and date: (required)

Signature: _____ Date: _____