

CAMPER RELEASE FORM



This portion to be completed by Parent/Guardian

Camper's Name: _____

Camp: **CCA** Session Dates: _____

Person(s) Authorized to pick up camper (in addition to Parent/Guardian):

Parent/Guardian Name (printed): _____ Phone #: _____

Signature of Parent/Guardian: _____ Date: _____

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This portion to be completed at end of Camp Session

• Camp Session _____ Date: _____

Identification Verified: Yes No

Signature of Person released to: _____

Staff Person Releasing Camper: _____

• Camp Session _____ Date: _____

Identification Verified: Yes No

Signature of Person released to: _____

Staff Person Releasing Camper: _____

• Camp Session _____ Date: _____

Identification Verified: Yes No

Signature of Person released to: _____

Staff Person Releasing Camper: _____

• Camp Session _____ Date: _____

Identification Verified: Yes No

Signature of Person released to: _____

Staff Person Releasing Camper: _____

• Camp Session _____ Date: _____

Identification Verified: Yes No

Signature of Person released to: _____

Staff Person Releasing Camper: _____



CHILD CARE ASSISTANT (CCA) 2016 RECOMMENDATION FORM

I, _____, am applying for a position of Child Care Assistant (CCA) for a weekend or week at camp. Your honest appraisal will assist the directors in evaluating my qualifications and abilities. Thank you for your immediate help with this.

APPLICANT'S SIGNATURE

APPLICANT'S PHONE NUMBER

This part is to be completed by your Youth Pastor or Church Leader.

Please return to:
CCA Registrar
Forest Home Ministries
40,000 Valley of the Falls Dr.
Forest Falls, CA 92339
Fax 909-389-2233

1. A CCA assists in our morning Children's Program and provides evening, in cabin child care. What qualifies this person to hold a CCA position?

2. What special qualities would this applicant bring to the CCA program? Please explain and/or give an example.

3. How long have you known this applicant? In what capacity?

4. If you are a parent or became one, would you trust this person with your child?

COMPLETED BY

TITLE

DATE

(_____)_____
PHONE NUMBER

CHURCH

E-MAIL ADDRESS

THANK YOU FOR YOUR ASSISTANCE!