



PIONEER BAND CAMP PERMISSION TO LEAVE CAMP FORM
TO BE COMPLETED BY PARENT/GUARDIAN

STUDENT INFORMATION please print

First Name _____ Last Name _____ Class of _____

Address _____ Student ID # _____

Home Phone _____ Cell Phone _____

Parent/Guardian(s) Name(s) _____

AS THE LEGAL GUARDIAN OF _____
(CAMPER'S NAME)

I GRANT PERMISSION FOR HIM/HER TO LEAVE CAMP WITH THE FOLLOWING PERSON:

MY CHILD IS AUTHORIZED TO LEAVE PIONEER BAND CAMP WITH:

(PRINT NAME OF PARENT/GUARDIAN OR AUTHORIZED PERSON)

ON THE FOLLOWING DATE: _____

FOR THE PURPOSE OF (CIRCLE): **GOING OUT TO DINNER** **OR** **LEAVING CAMP EARLY**

BY SIGNING THIS FORM, I RELEASE THE PIONEER HIGH SCHOOL BANDS AND THE ANN ARBOR PUBLIC SCHOOLS OF ALL LIABILITY ONCE MY CHILD LEAVES PIONEER BAND CAMP WITH THE PERSON(S) I HAVE AUTHORIZED.

(PARENT/GUARDIAN SIGNATURE)

ACKNOWLEDGED BY:

(SIGNATURE OF CABIN COUNSELOR)

DATE

(SIGNATURE OF HEAD COUNSELOR)

DATE