

Permission to Leave Camp

To be completed and either:

- **delivered** to camp on registration day;
- if **before May 20**, it can be **mailed** to Camp Tahkodah, Box 10844, Harding University, Searcy AR, 72149, or **faxed** to 501-279-4319; or
- if **after May 20**, it can be **mailed** to Camp Tahkodah, 5095 Camp Tahkodah Road, Floral, AR, 72534.

With my signature below, I give my permission for my child(ren) to leave camp with the adult specified below. I certify that this adult is at least 21 years of age. I understand this permission can be altered in writing or by fax, but not by phone.

Please Print

Name of adult who will be taking your child from Camp: _____

His/her cell phone # _____

Date your child(ren) will be leaving camp with this adult. _____

Will the child return to camp to complete the session? ___ yes ___ no. If yes, when should we expect the child to return? Day _____ Approx. Time _____

Names of your children who will be going with this adult:

(You may only sign-out your children. Others must have a separate form signed by their parent).

I understand that the above adult must check in with the Camp Director (Travis McNeal) or his designated assistant **both** when picking up this child **and** delivering him/her/them back to Camp. Neither Tahkodah, Harding University, nor the Camp Administration is liable for this child while away from the Tahkodah Summer Camp area.

Parent's Signature & Phone # (cell preferred):

_____ Phone: (_____) _____