



## TBR Camp Little Feet Summer 2009

### CHILD RELEASE AUTHORIZATION AND GENERAL PERMISSION FORM

**A.** Temple Beth Rishon has my permission to release my child, to the following individuals:

Name	Relationship to the child	Phone # and cell #
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Please be aware of the following rule if someone else is picking up your child:

You must send a note in with your child if someone other than a parent is picking up your child.

**B.** I give permission for the staff of TBR Camp Little Feet to photograph or video tape my child for publicity purposes.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship to the child

\_\_\_\_\_  
Date