

PERMISSION TO WALK TO CAMP

I _____ (print)

give my child _____

permission to walk or ride his/her bike to and from camp from

DATE(S) _____

During the (*CHECK ONE*)

SUMMER PLAYGROUND PROGRAM

TEEN TRAVEL CAMP

OTHER _____

I understand I waive all responsibility of Warren Township and employees once my child leaves the Warren municipal grounds.

Parent sign: _____

Date: _____