



**PARKS AND RECREATION DEPARTMENT  
CHILSON RECREATION CENTER**

• 700 East 4th Street • Loveland, Colorado 80537  
(970) 962-2440 • FAX (970) 962-2906 •  
[www.cityofloveland.org](http://www.cityofloveland.org)

To Whom it May Concern:

I authorize my child, \_\_\_\_\_, to sign themselves in and out of Adventure Bound Middle School Camps at the Chilson Recreation Center for the dates listed below. On days when my camper is to be absent for the day, arriving late, or needing to leave early, I agree to notify the camp leader or supervisor through phone message or email **prior to** the camp day's starting time. I hereby release all liability from camp instructors, Chilson Center & City of Loveland staff before and after the times that they sign themselves in and out of camp. In the event of an emergency, please contact myself or those documented on my child's camp enrollment forms.

**Valid Dates for Camper Sign-in and Sign-Out (Ex. 6/7, 6/9-7/3, ALL summer, etc.):**

**Additional notes:**

**Parent Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



**Gold Medal Grand Award Winner • Excellence in Park and Recreation Management**