

CAMP - of - the - WOODS

Please upload this form to your child's CampBrain Account and
bring the original to camp upon arrival.
For applicants under 18 as of June 15, 2020

2020 COTW Parental Authorization Form To Work

I approve of my son or daughter (Enter Staff Member's Name) _____

being at CAMP-of-the-WOODS as a Staff Member and I commit to be supportive of all management decisions pertaining directly or indirectly to my child. I will endeavor to see that he/she fulfills his/her responsibilities as a staff member in every respect, and I **guarantee that he/she will fulfill the length of commitment as he/she has filled out on the signed contract.**

I understand that CAMP-of-the-WOODS is a Christian Camping entities and that if I have any questions, I ought to review the application and website at <http://www.camp-of-the-woods.org> or contact the Personnel Office.

Custodial Parent/Guardian Signature: _____

Print Name: _____

Email: _____

Cell #: _____

Date: _____

Questions: Contact the Personnel Office at: patc@cotw.org or call 518-548-4311 ext. 257 Page