
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 date of hire.**

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: _____
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Print Name: _____

Email: _____

Cell #: _____

Date: _____

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