

Pick Up Authorization

Camper's Name					
Check Camp Session(s): <input type="checkbox"/> Session 1 (Aug 16-20) <input type="checkbox"/> Session 2 (Aug 23-27)					
List those individuals authorized to pick up your child (include yourself). Your child will be permitted to leave with these individuals only and phone identification will be required at sign-out.					
Authorized person's name (Please print)		Relationship to Child		Phone Number	
Name of person(s) NOT authorized to pick up a child (appropriate custody papers shall be attached if parent is not allowed to pick up the child):					
Authorized individuals must sign children in and out each day					
Date	Day	Time In	Initials	Time Out	Initials
	Monday				
	Tuesday				
	Wednesday				
	Thursday				
	Friday				
<i>If registered for multiple sessions</i>					
Date	Day	Time In	Initials	Time Out	Initials
	Monday				
	Tuesday				
	Wednesday				
	Thursday				
	Friday				
Date	Day	Time In	Initials	Time Out	Initials
	Monday				
	Tuesday				
	Wednesday				
	Thursday				
	Friday				

Parent/Guardian Signature: _____ Date _____

BRING CAMP FORMS WITH YOUR CHILD ON THE FIRST DAY. DO NOT MAIL/EMAIL FORMS. IF YOUR CHILD IS REGISTERED FOR MORE THAN ONE SESSION, MAKE COPIES TO SUBMIT FOR EACH CAMP SESSION