

Parent Authorization to Pick Up

Camper's Name: _____
Last Name First Name

Camp Session: _____
(e.g. Baseball 1, Aquatics 3, etc.)

Emergency Contact Information

Parent/Guardian Name: _____

Contact Numbers: Work _____ Home _____ Cell _____

Parent/Guardian Name: _____

Contact Numbers: Work _____ Home _____ Cell _____

Alternate Emergency Contact Name: _____

Contact Numbers: Work _____ Home _____ Cell _____

In addition to the people listed above, my child may be released to the following people during his/her week of summer sports camp (this includes carpool groups, babysitters, and anyone else you give permission to pick your child up from camp).

Name/Relationship: _____

Contact Numbers: Work _____ Home _____ Cell _____

Name/Relationship: _____

Contact Numbers: Work _____ Home _____ Cell _____

Anyone other than the primary parent(s) picking up a child from camp will be asked to show a photo I.D. (e.g. Driver's License, State I.D., etc.)