



Camper Pick-up Authorization Form

Dear Camper Parent/Guardians,

Please fill out this form with the name or names of anyone you would like to authorize to take your child off site or home from camp.

Camper Name _____

Session Attending _____

Parent/Guardian Name(s):

_____ Phone: _____

_____ Phone: _____

Please name the adults whom you are authorizing to pick up this camper:

1) _____

Relationship: _____ *Phone:* _____

2) _____

Relationship: _____ *Phone:* _____

3) _____

Relationship: _____ *Phone:* _____

Parent/Guardian signature: _____ Date: _____