

AUTHORIZATION PICK UP FORM

Please take a few minutes to fill out this form and bring it with you on **Monday morning!**

CAMPER NAME: _____

In case of an emergency, please provide us with at least three emergency contacts

Name/Relation: _____ Phone Number: _____

Name/Relation: _____ Phone Number: _____

Name/Relation: _____ Phone Number: _____

Name/Relation: _____ Phone Number: _____

Name/Relation: _____ Phone Number: _____

AUTHORIZED CAMPER CHECK OUT

We want to make sure that your camper has an incredible experience at camp! Part of this process is making sure that our check-in and check-out processes are as safe as possible. We want to be sure that your camper is going home with only the people you have authorized.

*****EVERYONE MUST SHOW A VALID ID TO PICK UP A CAMPER! YOUR CHILD WILL NOT BE RELEASED WITHOUT VALID ID!*****

Please list anyone who is authorized to pick up your child **INCLUDING** yourself. Please include their name, number, and relationship to the child. Include ANYONE that may pick up your camper this week, parents, relatives, babysitters, carpools, etc.

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____