

Camper Name: \_\_\_\_\_

Session: \_\_\_\_\_

Division: \_\_\_\_\_

Please indicate how will your child be transported to and from the Program:

\_\_\_ Parent/legal guardian or authorized individual will drive them to/from the Program and will sign them in/out.

Name of Authorized Individuals (including yourself) who may Pick Up/Sign Out your Child	Phone Number

For pick up:

- The child will not be permitted to leave the Program with anyone who is not listed above.
- Authorized individuals must pick up the child in-person and will be asked to show identification to Program staff when picking up a participant. Participants will not be released to persons who fail to provide acceptable identification upon request.

\_\_\_ Other \_\_\_\_\_