

PERMISSION SLIP FOR RELEASE OF CHILD TO AUTHORIZED PICK-UP

Please complete this form for us to release your child for pick-up. **This is a required form for all campers.** Use a new form for each child from your family.

Parents & Guardians BE SURE TO INCLUDE YOURSELF ON THE AUTHORIZED LIST BELOW

Your child will not be released without proper identification of authorized pick-up.

Child's Name: _____ Today's Date: _____

Camp Session/s Your Child is Attending, circle all that apply:

Mini-Camp

Jr High 2

Elementary 1

Sr High Adventures in Mission

Jr High 1

Night Owls Youth Camp

Sr High Adventures 1

Sr High Adventures 2

Elementary 2

Name of person(s) authorized to pick up my child (include yourself!): Phone #

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

If your camper is arriving late, departing early or needing to come-and-go due to school, sports, etc please give us details below.

Date & Time of Early Withdrawal

Estimated date & time return to camp

_____	_____
_____	_____
_____	_____

Parent Print & Signature /Date