

# Summer Fit CAMP SFC

## PARENTAL AUTHORIZATION TO LEAVE CAMP

CAMPER'S FULL NAME:			
LIST ADDITIONAL SIBLINGS OR CAMPERS BELOW			
CAMPER'S FULL NAME:			
CAMPER'S FULL NAME:			
CAMPER'S FULL NAME:			
CAMPER'S FULL NAME:			
<i>I AUTHORIZE THE FOLLOWING PERSON(S) TO PICK UP MY CHILD(REN) FROM CAMP</i>			
FULL NAME:		RELATIONSHIP	MOTHER/GUARDIAN
FULL NAME:		RELATIONSHIP	FATHER/GUARDIAN
FULL NAME:		RELATIONSHIP	
FULL NAME:		RELATIONSHIP	
FULL NAME:		RELATIONSHIP	
FULL NAME:		RELATIONSHIP	
FULL NAME:		RELATIONSHIP	
MY CHILD(REN) HAS AUTHORIZATION TO LEAVE CAMP ALONE (CIRCLE ONE)			YES
			NO
PARENT/GUARDIAN SIGNATURE		DATE	

*No child will be released to an unauthorized person, nor will any child be permitted to leave Summer Fit CAMP alone without parent/guardian's written documentation.*

*NOTE: Photo ID is required to release camper to anyone listed above.*