

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.

Summer Fit CAMP

www.summerfitcamp.org

Camper's Name _____

Parent Sign In/Out

DATE	IN	OUT
6/18/2018		
6/19/2018		
6/20/2018		
6/21/2018		
6/22/2018		
6/25/2018		
6/26/2018		
6/27/2018		
6/28/2018		
6/29/2018		
7/2/2018		
7/3/2018		
7/4/2018	CAMP	CLOSED
7/5/2018		
7/6/2018		
7/8/2018		
7/9/2018		
7/10/2018		
7/11/2018		
7/12/2018		
7/16/2018		
7/17/2018		
7/18/2018		
7/19/2018		
7/20/2018		
7/23/2018		
7/24/2018		
7/25/2018		
7/26/2018		
7/27/2018		
7/30/2018		
7/31/2018		
8/1/2018		
8/2/2018		
8/3/2018		
8/6/2018		
8/7/2018		
8/8/2018		
8/9/2018		
8/10/2018		

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