



CAMP HAZEN YMCA

Day Camp Pick Up Authorization Form

Camper Name _____

Camper Name _____

Camp Hazen YMCA must be notified, in writing, if anyone other than a parent/guardian will be picking up a child from camp. The individual must be named on the list below, and present a picture identification before camp staff will release your child to him/her.

Please double check the following:

 **Parent/Guardian Signature below**

Please send to Camp Hazen YMCA with final payment and Health Form by May 1st.

I authorize the following responsible adults to pick up my child from the Camp Hazen YMCA Day Camp.

Parent 1

Phone Number

Relationship to Camper

Parent 2

Phone Number

Relationship to Camper

Name

Phone Number

Relationship to Camper

Name

Phone Number

Relationship to Camper

Name

Phone Number

Relationship to Camper



Parent/Guardian Signature

Please send to Camp by May 1st.