

CUB SCOUT DAY CAMP PICK-UP AUTHORIZATION FORM

For office use: Camp: _____ Den # _____

Who will pick up your son each day??

Please list all possible pick-up persons. Campers cannot be released to anyone not on this list without verbal and written permission of the authorized parent/guardian. Please include parent and guardian names on the list. ***If camper is not picked up on time our staff will call the contacts in the order they are listed on this form.***

I authorize the following people to pick up my son, _____, (*first and last name*) from the Connecticut Yankee Council Cub Scout Day Camp at _____ (*location of camp*).

- | | |
|----------------|----------------------|
| 1. Name: _____ | Contact Phone: _____ |
| 2. Name: _____ | Contact Phone: _____ |
| 3. Name: _____ | Contact Phone: _____ |
| 4. Name: _____ | Contact Phone: _____ |

_____	_____
DATE	Parent or Guardian Signature

Emergency contact number for _____ (*parent or guardian name*) during camp hours: () _____

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CAMPER SIGN-OUT SHEET

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Please bring this form with you to pre-registration if you attend (date to be decided) or on the first morning of camp.