

CUB SCOUT DAY CAMP PICK-UP AUTHORIZATION FORM

For office use: Camp: _____ Den # _____

Who will pick up your child 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: () _____



CAMPER SIGN-OUT SHEET

- Monday _____
- Tuesday _____
- Wednesday _____
- Thursday _____
- Friday _____