

# CUB SCOUT DAY CAMP PICK-UP AUTHORIZATION FORM

For office use: Camp: _____ Den # _____
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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 child, \_\_\_\_\_, (*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 \_\_\_\_\_

**Please submit this form with the rest of the camper's paperwork.**