



Authorized Pickup and Sign Out Form

Child/ren's Name(s): _____

Day Camp Location:

- Arthur Location – Summer Day Camp Program
- Damascus Location - Summer Day Camp
- Mount Forest Location – Summer Day Camp

I authorize the following person(s) to sign out my child/ren, as listed above, from the Wellington North Summer Day Camp Program.

I have advised all authorized pickup persons that they are required to show a piece of government issued photo identification when they come to pick up my child/ren. All people assigned to picking up my child/ren will be at least 12 years of age.

Name of Authorized Pickup Person(s):	Relationship to child/ren	Age or write "Adult"
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

This authorization applies to the following dates:

- For the entire time my child/ren is registered in the program listed above.
- On the following dates only (please list): _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____