

KIDSPORTS SUMMER CAMP
PICK-UP CONTACTS

Counselor's Name: _____

CAMPER'S FULL NAME (PLEASE PRINT): _____

GRADE in Sept. '18: _____

Home Phone #: _____

Mother's Name: _____ Email address: _____

Mother's Work #: _____ Cell #: _____

Father's Name: _____ Email address: _____

Father's Work #: _____ Cell #: _____

IMPORTANT...

***Phone Numbers (between 4 pm – 7 pm):** _____

***This is the phone number of the parent we could reach in case we have a questions regarding the person picking up the child.**

LIST ALLERGIES: _____

I authorize the following person(s) to pick up my child from the Kidsports Front Desk at the end of the day. I UNDERSTAND THAT I SHOULD STILL NOTIFY THE COUNSELOR AND/OR ASSISTANT THAT SOMEONE ELSE IS PICKING MY CHILD UP ON A SPECIFIC DAY.

1. Name of person picking up child: _____

Relationship to child: _____ Phone #: _____

2. Name of person picking up child: _____

Relationship to child: _____ Phone #: _____

3. Name of person picking up child: _____

Relationship to child: _____ Phone #: _____

PARENT'S SIGNATURE: _____