

**KIDSPORTS SUMMER CAMP**  
**PICK-UP CONTACTS**

Counselor's Name: \_\_\_\_\_

CAMPER'S NAME (PLEASE PRINT): \_\_\_\_\_

GRADE in Sept. '20: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Father's Name: \_\_\_\_\_

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 question regarding the person picking up the child.**

**List Allergies:** \_\_\_\_\_

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

1. Name of person picking up child: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Phone #: \_\_\_\_\_

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Relationship to child: \_\_\_\_\_ Phone #: \_\_\_\_\_

3. Name of person picking up child: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Phone #: \_\_\_\_\_

PARENT'S SIGNATURE: \_\_\_\_\_