

Hackett Hill Pick-Up Release Form

Camper(s) Last Name: _____

Camper(s) First Name: _____

Parent/Guardian Name: _____

Daytime Phone: (____) _____ (____) _____

Please fill out the full name, daytime phone number, and relationship to your child(ren) of the individuals that you permit to pick your child(ren) up at will from Hackett Hill Day Camp. Remember we will check photo identification at sign-out, so please make sure ALL individuals that may pick your child(ren) up are listed. Please also remind these individuals to have their photo ID's ready.

1. Name: _____

Daytime Phone: (____) _____ Relationship: _____

2. Name: _____

Daytime Phone: (____) _____ Relationship: _____

3. Name: _____

Daytime Phone: (____) _____ Relationship: _____

4. Name: _____

Daytime Phone: (____) _____ Relationship: _____

If you have more than four people that will be allowed to pick up your child, please list name, daytime phone numbers, and relationships to the child on the back of this form.

Parent/Guardian Name (Printed): _____

Parent/Guardian Signature: _____

Date: ____/____/____