



**Camp Summerset
Sign In & Pick Up Authorization**

Child's Name:				
Camp Name	Classic Camp	CityVentures Camp	Mini Camp	Minnows Camp
Session	Session: 1 2 3	Session: 1 3	Session: 1 2 3	Session: 1 2 3

The following people are authorized to pick up my child from Camp Summerset. I understand my child will be allowed to leave with these individuals only. Photo Identification will be asked at sign out. (please include yourself)

Authorized Person's Name (please print)	Relationship to Child	Phone Number(s)

___ Registered for Wonders ___ AM Care ___ PM Care ___ Both AM & PM Care

Date	Day	Time In	Initials	Time Out	Initials
	Monday				
	Tuesday				
	Wednesday				
	Thursday				
	Friday				
	Monday				
	Tuesday				
	Wednesday				
	Thursday				
	Friday				

I understand that the camp must be provided with a written permission note, if the camper is to go home with someone else (e.g., a friend) not listed above. I also understand that there is a \$1 per minute late charge, after a 5 minute grace period.

Parent/Guardian Signature _____ Date _____