

Epic Adventures Summer Sports Camp Emergency & Alternate Pick-Up Authorization Form

Camper's Name: _____

Camp Session Dates: _____

1. Parent/Guardian Primary Contact

- Father Name: _____ Mother Name: _____
- Father's Phone #: _____ Mother's Phone #: _____
- Father's Email: _____ Mother's Email: _____

2. Authorized Pick-Up Persons

(List ALL adults permitted to pick up the child. ID will be required at pickup.)

- | | |
|-----------------------|-----------------------|
| 1. Name: _____ | 2. Name: _____ |
| ○ Phone: _____ | ○ Phone: _____ |
| ○ Relationship: _____ | ○ Relationship: _____ |

3. Emergency Contacts *(If parent/guardian is unreachable)*

- | | |
|-----------------------|-----------------------|
| 1. Name: _____ | 2. Name: _____ |
| ○ Phone: _____ | ○ Phone: _____ |
| ○ Relationship: _____ | ○ Relationship: _____ |

4. Documentation & Terms

- ☒ **ID Requirement:** Anyone picking up the camper **must show photo ID** matching the names above.
- ☒ **Last-Minute Changes:** To add/remove pick-up persons, the parent/guardian must email/call the camp director **24 hours in advance**.
- ☒ **Court Orders:** If applicable, attach a copy of custody agreements restricting pick-up access.

5. Parent/Guardian Authorization

I understand that any changes to the authorized pick-up list must be submitted in writing via email to [camp@pickup@epicadventurescamp.com] or a signed note. Verbal requests will not be honored unless confirmed in writing. I will notify the camp at least 24 hours in advance for changes.

Parent/Guardian Signature: _____

Parent/Guardian Name: _____

Date: _____