

Dear Parents:

Thank you for entrusting Camp Y-Owasco with the safety and well being of your camper. We take great pride in the care we give each and every child.

To maintain the safety of your child, we must know if someone other than the named persons on the registration form will be picking up your child from camp. If so, please fill out the enclosed "Pick Up Authorization" form to indicate who will be picking up your camper. We trust that you understand that this precaution is for the safety of the campers.

Thank you for your time and consideration

**Winter Camp
PICK-UP AUTHORIZATION**

Camper's Name _____ Cabin Name _____

Session(s)
attending _____

I, _____, give permission for my child to be
Printed parent's/guardian's name
released from camp to the following adult(s):

Name as it appears on driver's license

Relation

Name as it appears on driver's license

Relation

Parent/guardian signature: _____ Date _____

FOR CAMP USE ONLY ON CLOSING DAY

I am picking up the above named child from Winter Camp and assuming full responsibility for him/her.

Name _____ Signature _____
Name as it appears on driver's license

Released by _____ Date _____