



## Pick-Up Authorization Form

Guardian First and Last Name: \_\_\_\_\_

Camper #1 First and Last Name: \_\_\_\_\_

Campe #1 Age: \_\_\_\_\_

Camper #2 First and Last Name: \_\_\_\_\_

Campe #2 Age: \_\_\_\_\_

Camper #3 First and Last Name: \_\_\_\_\_

Campe #1 Age: \_\_\_\_\_

Everson Winter Camp Session (Check One):

AM Session \_\_\_\_\_

PM Session \_\_\_\_\_

Full Day Session \_\_\_\_\_

I, \_\_\_\_\_ authorize the following person(s) to pick up my child.  
Guardian

Authorized Names:

\_\_\_\_\_  
First Last Phone

\_\_\_\_\_  
First Last Phone

\_\_\_\_\_  
First Last Phone

Guardian Signature: \_\_\_\_\_

Please note that any persons, including guardians, will be asked to show proof of identification when picking up a camper. Please be ready with your photo ID. Thank you for your cooperation.