

**YMCA Camp Roger Admission Card 2018**

FOR OFFICE USE ONLY

Session(s): \_\_\_\_\_ Cabin #: \_\_\_\_\_

Stay over  Bus  Meds  Confiscated Items

\_\_\_\_\_  
**Camper Name:** Last \_\_\_\_\_ First \_\_\_\_\_

Bring this form with you on check-in day. Campers cannot be accepted without this authorization. **Do not mail or fax in.**

List at least four (4) additional individuals, who you authorize to pick up your camper from camp or bus drop-off site. The individual picking up your child will be required to show their photo ID, matching the name on this form.

1. \_\_\_\_\_  
Name of Authorized Individual \_\_\_\_\_ Relationship to the Camper \_\_\_\_\_  
Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

2. \_\_\_\_\_  
Name of Authorized Individual \_\_\_\_\_ Relationship to the Camper \_\_\_\_\_  
Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

3. \_\_\_\_\_  
Name of Authorized Individual \_\_\_\_\_ Relationship to the Camper \_\_\_\_\_  
Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

4. \_\_\_\_\_  
Name of Authorized Individual \_\_\_\_\_ Relationship to the Camper \_\_\_\_\_  
Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**Camp Dismissal Policy**

- A parent, guardian, or adult (age 18 and up) designated on the pick-up authorization, must sign out the child at pick-up (PHOTO ID REQUIRED).
- Those without photo ID, or persons not noted on the pick-up authorization WILL NOT be permitted to pick-up a child.
- Campers not registered for a weekend stay over or transportation to Salt Lake must be picked up by camp closing (7pm).

**\*\*I have read and agree to the camp dismissal policy and authorize the people listed above, in addition to myself, to pick up my camper from YMCA Camp Roger.\*\***

\_\_\_\_\_  
Name of Parent/Guardian \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_ / /  
Date Signed \_\_\_\_\_  
Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

FOR CHECK-OUT DAY ONLY

\_\_\_\_\_  
\_\_\_\_\_  
Staff Signature (release to authorized pick-up)

Authorized Pick-Up Signature (sign on check-out day)

Date \_\_\_\_\_

Med:  Yes  N/A Confiscated Items:  Yes  N/A