

YMCA Mill Hollow Admission Card 2017

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.

****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 the YMCA Mill Hollow Drop Off location.****

_____ / _____ / _____
 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 _____

Meds: Yes N/A

Confiscated Items: Yes N/A