

The Chestnut Hill School  
Creative Arts and Sports Program

## Camper Release Authorization

Due by June 1st

### Family Information:

Camper Full Name	Group Name	Enrolled in Ext Day?		Enrolled for shuttle bus?	
		Y	N	Y	N
		Y	N	Y	N
		Y	N	Y	N
		Y	N	Y	N
		Y	N	Y	N

Please indicate if you will be picking your child(ren) up regularly

Parent/Guardian: \_\_\_\_\_  Yes  No

Parent/Guardian: \_\_\_\_\_  Yes  No

Please list the names of **other** people who are authorized by you to pick your child up from camp on a regular basis.

Name: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_

***Please give or send a note to your child's counselor if anyone other than the above named individuals will be picking up your child(ren). We must receive notice in writing.***

Parent/Guardian Name: (please print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_