

# Emergency/ Medical Information & Parent Agreement

Please Note: This form is not complete until it is signed by the camper and submitted to the Aquatics Office. 04 00 11.04 319.08 66

Camper's Name

Nickname:

Date

# Code of Conduct

Children and parents should review this required document together and sign below.

Children must:

x

## PickUp Authorization

Camper'sName		
CheckCampSession(s): † Session1 ( Aug15-19) † Session2 ( Aug22-26)		
Listthose individualsauthorizedto pick up your child (includeyourself). Yourchild will be permitted to leave with theseindividualsonly and phoneidentification will be required at sign-out.		
Authorizedperson'sname (Please print)	Relationshipto Child	PhoneNumber
Nameof person(s)NOTauthorizedto pick up a child (appropriatecustodypapersshallbe attachedif parentis not allowedto pickup the child):		

Parent/GuardianSignature: \_\_\_\_\_ Date: \_\_\_\_\_