



709 S. Old Missouri Rd., Springdale AR 72765 Ph # 479-751-8824

## SUMMER CAMP 2023.....FOR AGES 8-15

### DROP-OFF AND PICK-UP AUTHORIZATION FORM

Students Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ Unit/Apt. # \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian #1 \_\_\_\_\_ Ph. # \_\_\_\_\_

Parent/Guardian #2 \_\_\_\_\_ Ph. # \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Ph. # \_\_\_\_\_  
(other than parent)

Name and Ph. # of person (s) other than parent/guardian allowed to drop-off and pick-up your child.

1. Name \_\_\_\_\_ Ph. # \_\_\_\_\_

2. Name \_\_\_\_\_ Ph. # \_\_\_\_\_

**Note: For the safety of all the children who will be attending our summer camp, a sign in/sign out sheet will be provided at the front reception area and must be filled out daily.**

Special Medical Condition (please include a brief description on a separate piece of paper)

\_\_\_\_\_  
Signature Name of Parent/Guardian

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date