



2010 Pick-up Authorization Form

FAX (651)628-9323 office

Email: office@cycamp.org

Camper Name: _____ Birth Date: _____
(Last) (First) (MI)

Custodial Parent/Guardian: _____

*Campers will only be released to their parent or legal guardian at camp or at the bus stops. If someone other than the parent/guardian needs to pick up your child at either of these locations, please submit the completed form to CYC at least 48 hours prior to the camper's departure from camp. **We cannot accept phone messages or notes provided at the pick-up point.**

As legal custodial parent/guardian, I give the following person permission to pick-up my child:

Name of Individual Picking Up Camper

Name: _____

Address: _____

City, State, Zip _____

Phone: _____

**Day and Date of pick-up _____

**Time of pick-up _____

Location of pick-up (circle one) Camp Cambridge Roseville

I understand that neither Catholic Youth Camp (CYC) nor its representatives can be held responsible for my child once they are under the supervision of the above-listed individual. For camper safety, CYC representatives may ask for proof of identity (Driver's license, ID card, etc) before releasing the camper.

This pickup authorization will only be honored for the date and time listed above.

Parent/Legal Guardian Name Printed _____

Parent/Legal Guardian Signature _____ Date _____

Please submit form 48 hours or more prior to pick-up date.