

**AUTHORIZATION FOR CHILD RELEASE**  
**(One form per camp family)**

Child's Name: \_\_\_\_\_ Grade as of January 2018: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Grade as of January 2018: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Grade as of January 2018: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Grade as of January 2018: \_\_\_\_\_

In addition to the parents listed on the Health and Wellness form, International Sports Centre requires that parents/guardians provide a list of authorized persons who may pick up their child from ISC Summer Day Camp. The names of all authorized persons must be on file with the Camp Office prior to your child's attendance. Only authorized persons will be permitted to pick up children from the camp. To make changes to this form you may do so by emailing the Camp Administrator. Please make sure that any person (including parents) picking up your child has proof of identification at all times. Any changes/additions to this list **MUST** be done in writing. **PLEASE NOTE: Under no circumstances will we release campers to anyone who is not listed below. I authorize the following individuals to pick up my child from ISC Summer Day Camp:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home/Work #1: \_\_\_\_\_ Cell #2: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home/Work #1: \_\_\_\_\_ Cell #2: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home/Work #1: \_\_\_\_\_ Cell #2: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home/Work #1: \_\_\_\_\_ Cell #2: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home/Work #1: \_\_\_\_\_ Cell #2: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home/Work #1: \_\_\_\_\_ Cell #2: \_\_\_\_\_

**PARENT/GUARDIAN AGREES TO:**

I understand and agree that ISC Summer Day Camp's staff may release my child at the end of the day only to the above named individuals. I also understand that no one will be permitted to pick up my child without identification.

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

