

# Golden Eagle Summer Sports Camp

P.O. Box 896, Los Altos, Ca., 94022

(650)-298-9740 Tel/Fax

www.goldeneaglesummersportscamp.org

## **2010 PARENTAL PERMISSION TO RELEASE CAMPER INTO THE CARE OF OTHERS**

Dear Parent:

For your child's safety, we monitor who picks up your child from camp.

Please indicate the names of people who are allowed to pick up. In order to insure your child's safety, Golden Eagle Summer Sports Camp requires the parents or legal guardian of the child to complete the permission form below and add the names of whom your child may be released to while at camp. Other than the listed parents on the registration form anyone not listed below will not be allowed to sign out your child from Golden Eagle Summer Sports Camp.

I, \_\_\_\_\_, give my permission to:

(Parents/Guardians Name)

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

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

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

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

to sign out my child, \_\_\_\_\_, from Golden Eagle Summer

(your child's name)

Sports Camp at 4:00 pm. This permission shall continue until \_\_\_\_\_.

(date)

I hereby authorize the listed name above to sign out my child from Golden Eagle Summer Sports Camp. I understand that I will not be contacted at the time my child is signed out.

\_\_\_\_\_  
Parents Printed Name

\_\_\_\_\_  
Parents Signature

\_\_\_\_\_  
Date