



**OFF SZN HOCKEY SUMMER DAY CAMP
PARENT/GUARDIAN PERMISSION & PICK-UP AUTHORIZATION FORM**

Participant Information

Child's Full Name: _____

Date of Birth: _____ Age: _____

Parent/Guardian Information

Parent/Guardian Name(s): _____

Phone Number: _____

Email: _____

AUTHORIZED PICK-UP INDIVIDUALS

I authorize the following individuals to pick up my child from Off Szn Hockey Summer Day Camp. I understand that my child will **only be released to the individuals listed below** unless otherwise communicated in writing.

Name	Relationship	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

PERMISSION & RELEASE

I understand and agree that:

- My child will only be released to authorized individuals listed above.
- Authorized individuals may be required to show identification at pick-up.
- It is my responsibility to notify camp staff in writing of any changes to authorized pick-up persons.
- Off Szn Hockey staff will not release my child to anyone not listed without prior written consent.

EMERGENCY CONTACT (if different from above)

Name: _____ Phone Number: _____

SIGNATURE

Parent/Guardian Name (Printed): _____

Parent/Guardian Signature: _____

Date: _____

Optional Notes (allergies, special instructions, etc.):