



**Alternative Pick-Up / Car Pool Permission**

Campers will only be released to parents or to an individual who is designated in writing by the parents. These written notes (by parents) and all car pool arrangements (in writing ) will be kept by the Health Care Supervisor for easy access and verification.

**HOOPTOWN STAFF RESERVES THE RIGHT TO REQUEST PHOTO IDENTIFICATION.**

Camper: \_\_\_\_\_

Age: \_\_\_\_\_

ALTERNATE PICK- UP PERSON: \_\_\_\_\_

Phone Number: \_\_\_\_\_

ALTERNATE PICK- UP PERSON: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Thank you for your cooperation.

Please sign and date this form.

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

Date \_\_\_\_\_