



## SUMMER CAMP 2018 Pick-Up Authorization

Student Name: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Name: \_\_\_\_\_

I authorize the following Adults (must be over 18 years of age) to pick up my child(ren) (other than Parent/Guardian)

Name	Telephone Number	Relationship to Child(ren)

**All authorized persons must show a picture ID or a valid identification, which will be requested by inGenius staff.** In some cases, we will call a number you have given us previously to verify that it is you making the call.

I hereby represent that I understand all persons listed above by me can sign-out my child from Summer Camp at any time during Camp operating hours.

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

\_\_\_\_\_  
Date