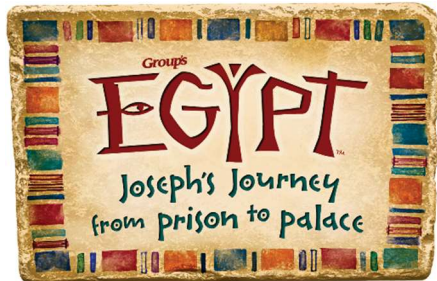


**Cross Camp 2025
Child Pickup Authorization**

What week(s) is your child(ren) attending camp?



☐ July 14-18



☐ July 21-25

Please fill in the form below to authorize the pickup of your child(ren). The first name listed should be the name of the person who will **regularly** pick up the child(ren) from Cross Camp. The second and third names are people who **may** pickup the child(ren) in an unusual situation. **All individuals who will be picking up children will be required to show a driver's licence or other valid form of government issued photo ID.**

Name of Child(ren): _____

Grade(s) in September: _____

1) Name: _____

Relationship: _____

2) Name: _____

Relationship: _____

3) Name: _____

Relationship: _____

My child _____ is allowed to walk home on their own.

Name of Parent/Guardian (Print): _____

Parent/Guardian Signature: _____

Date: _____