

TOWN OF GUILDERLAND

Parks & Recreation Department

Camp Tag

Have your child bring this completed form with them on the first day of camp!
Provide complete and accurate information when completing this form, please print.

Camper Last Name: _____ First Name: _____

Camp Name: _____ Grade: _____

Location: _____

Name of Bus (if applicable): _____

Provide full names and phone numbers below of individuals authorized to pick up your camper/child.
Photo identification is required at the time of pick-up.

Primary pick-up contact:

Name: _____ Phone: _____

Emergency pick-up contact:

Name: _____ Phone: _____

Alternate emergency pick-up contact (relative, neighbor, etc.):

Name: _____ Phone: _____

I hereby give permission for the Town of Guilderland Parks & Recreation Department to release my child to, and only to, the person(s) mentioned above from for any unforeseen emergency situations that may occur while my child is participating in a summer camp program.

Parent/Guardian Signature: _____ Date: _____