

AUTHORIZATION FORM

Tawasentha Day Camp

Release Authorization Form

I hereby give permission for the Town of Guilderland Parks & Recreation Department to release my child to, and only to, the below mentioned person(s) from Tawasentha Day Camp. Please provide complete and accurate information. ****Photo ID is required at time of pick-up****

Child's Full Name: _____

Primary Pick-up Contact Information (Name & Phone #):

Emergency Pick-up Contact Information (Name & Phone #):

Alternate Pick-up Contact Information (Name & Phone #):

Signature of Parent/Guardian: _____

Date: _____

NOTES