Parks & Community Services Department, City of Dripping Springs

Day Camp Authorization Form





PARTICIPANT INFORMATION			
Participant Name:	Name of Progra	Name of Program:	
Location:	PARKS DIREC	PARKS DIRECT Activity #:	
Birthdate:	Age:	Gender:	
Main Contact:	Phone:		
Address:	Email address:		
PICK-UP POLICY			
PCS Day Camp staff are authorized to release my	child	to the individuals	
listed below. I understand that each authorized per to leave the camp with anyone not listed below. Al each day.	rson must be at least sixteen (16) year	rs old, and that my child will NOT be permitted	
My child may be released to the following individua	als (include yourself):		
Name	Phone Number	Relationship	
1.			
2.			
3.			
4.			
LATE PICK-UP FEE POLICY			
A late fee of \$10.00 per participant for every 15 mithe program's scheduled closing time. (Example: I late fee is \$30.00) We request that parents/guardiafee will still be assessed. Payment is due upon pic	f the camp ends at 4:30pm and the pa ans call the camp site if they are delay	articipant is picked up at 5:12pm, the assessed	
I have read, understand, and agree to the above	e policies for PCS Day Camp progra	ams.	
Printed Name (Parent/Guardian if under 18)	Signature (Parent/Guardian if unde	r 18) Date	