



SUMMER PROGRAM

2019 YMCA SUMMER PROGRAM Additional Pick-up Form

Location: YMCA Old Valdosta High School
Ages: 5-6 Ages: 7-12

CHILD'S NAME: _____ Age: _____ Birth Date: _____ Sex: _____
Address: _____ City: _____ State: _____ Zip: _____

Authorized Pick up other than parent(s):

Name: _____
Phone #: _____
Address: _____
City _____ State _____ Zip _____
Relationship: _____

Name: _____
Phone #: _____
Address: _____
City _____ State _____ Zip _____
Relationship: _____

Name: _____
Phone #: _____
Address: _____
City _____ State _____ Zip _____
Relationship: _____

Name: _____
Phone #: _____
Address: _____
City _____ State _____ Zip _____
Relationship: _____

Name: _____
Phone #: _____
Address: _____
City _____ State _____ Zip _____
Relationship: _____

Name: _____
Phone #: _____
Address: _____
City _____ State _____ Zip _____
Relationship: _____

PARENT AUTHORIZATION: *This information is correct to the best of my knowledge and I hereby authorize those listed above to pick up my children from the YMCA summer day camp program.*

Signature of Parent or Guardian

Date

Signature of MSR

Date