



YMCA CAMP MAHACKENO & HAFADAY PICK UP AUTHORIZATION FORM

Please complete and submit with your camp registration

In order to ensure the well being of all of our campers and our ability to help you with picking up your child, please fill out this form. This will be used as our main resource for emergency pick-up. Please make sure to include every person that could assume the custody of your child for any unforeseen circumstances.

I am the parent/ legal guardian of _____, _____,
(the "youth"). I give permission for the Youth to participate in all YMCA sponsored programs and activities except (list all activities the child should not participate in. Put N/A if there are no restrictions)

_____.

This permission includes riding on transportation furnished by the YMCA and permission to be photographed, filmed or videotaped as part of the activities for possible use in YMCA promotional activities.

I understand that Camp Mahackeno and Hafaday are a part of the Westport Weston Family YMCA, which is a charitable organization that makes its programs and facilities available to persons only on the condition that they agree to assume full responsibility for injury and damage. Therefore in exchange for acceptance of the Youth in the YMCA programs, I release, on behalf of the Youth, myself and members of the Youth's family, the YMCA, the Parent Company, and officers, directors, employees and volunteers (all together called the "Y Group") from all claims of damage or loss to the Youth's property and claims of personal injury or property damage caused to others by the Youth, including injury or damage to YMCA property or personnel.

Please include everyone include who can pick your child up from camp. Please notify them that they must have a photo ID when they come to camp to pick up.

- | | |
|--|--|
| 1. Guardian 1 _____
Relationship _____
Phone _____ | 2. Guardian 2 _____
Relationship _____
Phone _____ |
| 3. Name _____
Relationship _____
Phone _____ | 4. Name _____
Relationship _____
Phone _____ |
| 5. Name _____
Relationship _____
Phone _____ | 6. Name _____
Relationship _____
Phone _____ |

I agree with the information provided above. I realize that the YMCA will require photo I.D. from anyone picking up a camper. I am also responsible to notify the YMCA of changes or additions to the authorized pick up list.

Parent Name _____ Signature _____ Date _____

Office Use Only	
Program: Mahackeno / Hafaday	
Session(s) attending	1 2 3 4 5 6 7 8 9 10 SEW
Entered into system by	_____