

# PICK-UP AUTHORIZATION FORM

Return this form

I, \_\_\_\_\_  
Parent/Guardian

hereby give authorization to the following person(s) to pick-up my  
child(ren) \_\_\_\_\_  
Name of Child (ren)

at any time when they participate in ACT program activities. Please remind  
escorts that ID may be required at time of pick-up. Children under 12 years  
old do not qualify as a legal escort.

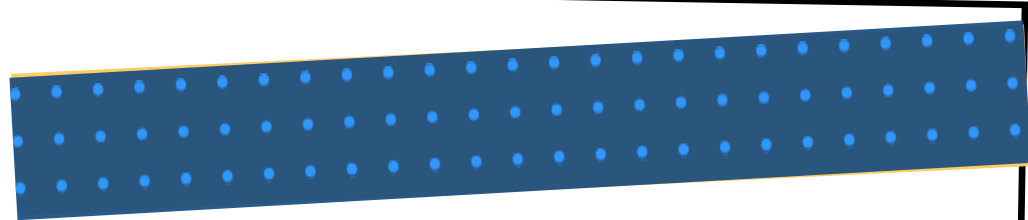
- 1 \_\_\_\_\_ relation: \_\_\_\_\_
- 2 \_\_\_\_\_ relation: \_\_\_\_\_
- 3 \_\_\_\_\_ relation: \_\_\_\_\_
- 4 \_\_\_\_\_ relation: \_\_\_\_\_
- 5 \_\_\_\_\_ relation: \_\_\_\_\_
- 6 \_\_\_\_\_ relation: \_\_\_\_\_
- 7 \_\_\_\_\_ relation: \_\_\_\_\_
- 8 \_\_\_\_\_ relation: \_\_\_\_\_
- 9 \_\_\_\_\_ relation: \_\_\_\_\_

**\*\*\*\*Note: Parents must notify the ACT Office in written form to modify the names of anyone listed above.**

Signature of Parent/Guardian: \_\_\_\_\_

Date completed: \_\_\_\_\_

**See reverse side.**



# Permission To Walk Home Alone

This is to give permission to allow my child(ren), 11 years and older, to walk home alone at the end of camp day.

Recognizing that ACT Programs will do its best to ensure a safe environment and experience at camp, I understand that certain dangers are present when walking home alone. By signing below, I hereby release ACT Programs and the Cathedral Church of St. John the Divine from all responsibility and liability of any nature.

Yes, my child(ren) has my permission to walk home alone from the **campus at the end of camp.**

Camper(s) Name: \_\_\_\_\_

Parent Name (printed): \_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date