



Camper Pick-Up Form

(Please complete separate forms for each child)

Pick up is from 4:00pm to 5:00pm. While we realize your schedule may vary, please make every attempt to keep this schedule. Every day you should drop your child off in the front of the building. A camp staff member will be there to greet you and lead your child into the building. Campers should be walked in by an adult and checked in with the counselor of their group. At the end of the day, you must sign them out from their counselor in the designated group location. Your child will only be released to someone you have listed with us (on this form), unless you send in a written note in advance.

Camper Name: _____

| My child MAY be released to the following people (Please include yourself): | My child MAY NOT be released to the following people: |
|---|--|
| | |
| | |
| | |
| | |
| | |
| | |

Parent/ Guardian Acknowledgments

- **Changes in Camper Pick-Up:** If you will be picking up your child early, or someone who is not listed above will be picking up your child, please send a signed and dated note in the morning as to who is eligible to pick-up your child. Please do not walk the school grounds looking for your child. Only the Camp Directors may release a child early.
- **Camper Pick-Up: ID Policy:** I understand that anyone listed who is authorized to pick-up my child(ren), including myself, are required to present a photo ID to Camp Rocks staff at the time of camper pick-up. Those who fail to present ID may be requested to retrieve their ID for verification purposes prior to the campers release for the safety of our campers and staff.
- **Liability Release:** I am aware of the nature of this activity and I hereby assume responsibility for myself and/or my child (above), and/or his or her representatives to participate. I will not hold the Town of Rocky Hill and/or its employees or agents responsible in case, of any accident or injury as a result of this participation. I hereby further agree to indemnify and save harmless the Town of Rocky Hill, a municipal corporation of the State of Connecticut, from and against any and all loss, damage, claim, demand, liability or expense by reason of any damage or injury to property or person which may be claimed to have arisen as a result of or in connection with participation in this Town of Rocky Hill activity.

- **Permission to Treat:** I consent that in the event of an emergency during which a parent/guardian cannot be reached we hereby give permission to the bearer of this form to allow any doctor, medical facility, volunteer or employee of the Town of Rocky Hill to administer first aid or CPR until emergency medical treatment can be obtained. We also give permission to the bearer of this form to allow any doctor or medical facility to administer an anesthetic and perform emergency procedures as may be necessary for our child listed above. I understand that there is no Director of First Aid to administer medication, Epi-pen, etc. on-site. I will not hold the officials or agents thereof, financially responsible for whatever emergency care may be provided.

By signing below, you agree/ consent to comply with the outlined acknowledgements:

Parent/Guardian Signature: _____ Date: ___/___/___

Emergency Contacts

CONTACT 1: Name: _____ Relationship to

Child: _____

Cell Phone: _____ Work Phone: _____ Home Phone: _____

CONTACT 2: Name: _____ Relationship to

Child: _____

Cell Phone: _____ Work Phone: _____ Home Phone: _____

CONTACT 3: Name: _____ Relationship to

Child: _____

Cell Phone: _____ Work Phone: _____ Home Phone: _____