

Running Brook Day Camp

Camper Release Authorization

Please indicate the name(s) of any adults other than yourself who may pick your child(ren) up at camp (including Extended Day) or at a bus stop at anytime during the summer.

We will only release your child(ren) to those authorized adults you have listed.

NAMES OF CAMPERS

1st Camper: _____
Last Name First Name

2nd Camper: _____
Last Name First Name

3rd Camper: _____
Last Name First Name

I give permission to Running Brook Day Camp to release the above named camper(s) to the following **AUTHORIZED ADULTS:**

- 1.
- 2.
- 3.
- 4.

Do not release my child(ren) to the following: _____

Signature of Parent or Guardian

Date

Please send in by return mail to:

**Running Brook Day Camp
P.O. Box 540484
Waltham, MA 02454-0484**