

Parental / Legal Guardian Authorization of Release

I, _____, Parent/Legal Guardian
(print name)
of, _____, give permission for the named PLUGGED IN Student to do the
(print name)
following at the end of the day after PLUGGED IN. (check all that apply):

_____ may be picked up by the following people: list all people (relatives, friends, parents) that your child may get a ride/go with:

Name _____ Phone # _____ ; Name _____ Phone # _____
Name _____ Phone # _____ ; Name _____ Phone # _____
Name _____ Phone # _____ ; Name _____ Phone # _____

Other _____

Please list any special instructions or **any persons who are NOT authorized to pick up your child?**

Any **changes** to the above **must** be submitted to the YMCA Staff **in writing** and **signed by** the Parent / Legal Guardian **prior** to your child being released. Your child will not be released to person(s) or allowed to go anywhere other than listed above or submitted in writing.

Parent / Legal Guardian Signature _____ Date _____

Field Trip Permission

I hereby grant permission for my child to attend the scheduled field trips as an activity of Day Camp.

Parent / Legal Guardian Signature _____ Date _____

Photo Release Agreement (Optional)

Yes, I hereby grant permission for the Baker County Family YMCA to take and publish still photographs and/or publish those previously taken of my child.

Parent / Legal Guardian Signature _____ Date _____

The Baker County Family YMCA will not deny participation in its Y program because of an individual's lack of funds. Contact the YMCA/Sam-O Swim Center Front Desk Staff, Monday through Friday, 9:00 a.m. to 3:00 p.m. for information regarding limited, partial scholarship applications which should be turned in **at least two weeks** before the sign-up deadline.

MAIL IN OR BRING COMPLETED FORM AND FEE TO:

Baker County Family YMCA
580 Baker Street

OR

YMCA Fitness Center
2021 Main Street
Baker City, OR 97814

Phone
(541)523-YMCA (9622)

FOR OFFICE USE

Amount Paid \$ _____
Receipt # _____ Date _____

Balance Owed \$ _____
Balance Paid \$ _____
Receipt # _____ Date _____



For Youth Development - Healthy Living - Social Responsibility.