

**Golden Eagle Summer Sports Camp**  
**2012 Parental Permission to Release Camper into the Care of Others**

Golden Eagle Sports Camp • P.O. Box 896 • Los Altos, CA 94022 • 650-298-9740  
www.goldeneaglecamp.org    monica.lodge@sbcglobal.net

Dear Parents and Guardians,

For your child's safety we monitor who picks up your child from camp. Please indicate on this form the names of people who are allowed to pick up your child. In order to insure your child's safety, Golden Eagle Summer Sports Camp requires the parents or legal guardian of the child to complete the permission form below and add the names of whom your child may be released to while at camp. Other than the listed parents on the registration form, anyone not listed below will not be allowed to sign out your child from Golden Eagle Summer Sports Camp.

I, \_\_\_\_\_, give my permission to:  
(Parent/ Guardian's name)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

to sign out my child \_\_\_\_\_ from Golden Eagle Summer Sports Camp at 4:00 p.m.  
(Child's name)

This permission shall continue until \_\_\_\_\_.  
(date)

I hereby authorize the listed name(s) above to sign out my child from Golden Eagle Summer Sports Camp. I understand that I will not be contacted at the time my child is signed out.

**Parent(s)/ Guardian(s) Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent(s)/ Guardian(s) Name (please print):** \_\_\_\_\_