

Pick Up Authorization Form

Camper's Name: _____ Gender: _____

Birthday (MM/DD/YY): _____ Age: _____ Grade: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Authorized to pick up

Parent/Guardian Name: _____ Birthday: _____

Phone: _____ Valid State ID Number: _____

Authorized to pick up

Parent/Guardian Name: _____ Birthday: _____

Phone: _____ Valid State ID Number: _____

Authorized to pick up

Name and Relationship: _____ Birthday: _____

Phone: _____ Valid State ID Number: _____

Authorized to pick up

Name and Relationship: _____ Birthday: _____

Phone: _____ Valid State ID Number: _____

Authorized to pick up

Name and Relationship: _____ Birthday: _____

Phone: _____ Valid State ID Number: _____

Only those listed above, with all required information, will be authorized to pick up a camper. Those listed must provide their valid state identification card when picking up the camp. No camper will be allowed to leave without proper identification of an authorized person as shown above. If there is an emergency, and an authorized person is not able to pick up the camper, please call the Branson RecPlex at (417) 335-2368 and provide all necessary information.

I am the parent/legal guardian of the above named minor. I hereby waive, release, and forever discharge all claims against the City of Branson, its employees, volunteers, commissioners or agents for damages and/or injuries that may arise from participation in the above named program. I hereby authorize any duly licensed physician, emergency medical technician or medical facility to treat the above named minor for injuries that may be received while participating in the program. I also understand that my minor's photo may be used to document or market this program.

Signature of Parent/Guardian: _____ Date: _____