



CITY OF WATSONVILLE PARKS & COMMUNITY SERVICES DEPARTMENT

DAY CAMP PROGRAMS



Drop-Off & Pick-Up Authorization Form & Emergency Information

Name of Participant: _____ Age: _____

I hereby authorize the following people to drop off and pick up my child named above from the City of Watsonville Day Camps. I understand they will be allowed to leave with these individuals ONLY. (Parents/Guardians, please include your name and number. List as many others as needed):

Name: _____

Relationship: _____

Telephone #: _____

Cell Phone #: _____

Name: _____

Relationship: _____

Telephone #: _____

Cell Phone #: _____

Name: _____

Relationship: _____

Telephone #: _____

Cell Phone #: _____

EMERGENCY CONTACT INFORMATION (All persons listed must be 18 years or older)

Name: _____

Relationship: _____

Telephone #: _____

Cell Phone #: _____

Name: _____

Relationship: _____

Telephone #: _____

Cell Phone #: _____

In the event of an emergency, we will NOT allow your child to check him/herself out. We will care for your child until you or another adult named above arrives to proceed with checkout.

NOTE: Please inform staff immediately if you need to update telephone numbers, delete or add names to this authorization form.

Parent/Guardian Signature

Date