Mission Oaks Recreation and Park District

(Please check one or both, if left unsigned your child will not be allowed to check in or out of camp alone or ride/walk away from camp alone)

I, _____, give permission to my child(ren) listed on the front side of this form to ☐ sign in and out of camp daily and/or ☐ walk or ride to and from camp daily. By signing this form I knowledge that Mission Oaks is not responsible for my child once they have signed out of camp at the end of program.

_____
Name (printed)

_____
Signature

Additional Emergency Contacts/ People Who Can Sign My Child In And Out

Name	Phone Number	Relationship to Participant