



**MONMOUTH COUNTY PARK SYSTEM
SUMMER CAMP PARTICIPANT INFORMATION/
PICK-UP AUTHORIZATION FORM**

COMPLETION AND RETURN OF THIS FORM IS MANDATORY FOR PARTICIPATION

**Return to: Camp Headquarters, Monmouth County Park System
805 Newman Springs Road, Lincroft, NJ 07738**

PLEASE PRINT

Participant's Name: _____ Date of Birth: _____ Weight: _____ Sex: _____

Camp Name	Program #	Start Date	Location

Parent/Guardian Name: _____ Home Phone #: _____

Home Address: _____ Work Phone #: _____

City/Town: _____ State: ____ Zip: _____ Cell Phone #: _____

2nd Parent / Guardian Name: _____ Home Phone #: _____

Address (if different): _____ Work Phone #: _____

City/Town: _____ State: ____ Zip: _____ Cell Phone #: _____

Local Emergency Contact if parent or guardian is not available:

Name: _____ Relationship: _____

Home Phone #: _____ Work Phone #: _____ Cell Phone #: _____

PICK-UP AUTHORIZATION FORM IS REQUIRED FOR EACH CAMP PARTICIPANT

The following individual(s), who are at least 18 years of age, are authorized to pick up my child from summer camp. I understand my child needs to be signed out from camp each day and will be allowed to leave only with these individuals

AUTHORIZED PERSONS Including parents/guardians (please print)	RELATIONSHIP TO CHILD	PHONE NUMBER

If anyone else comes to pick up your child who is not indicated on this authorization form, we will not be able to release your child to them without prior permission from you.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

PARENT/GUARDIAN NAME PRINTED: _____