

COMMUTER CHECK-OUT FORM

Instructions: Please write your campers name on the line below and check the session they are attending. After that place a check mark in the box that indicates if you will be the only one with permission to pick up your camper, or check the other box indicating that others are allowed to pick up your camper. If you check the box indicating that others may pick up your camper, please list all those whom we have permission to release your camper to, and their relationship. Please remember to check out your camper at the end of each day. We appreciate your patience and will attempt to make the process as efficient as possible.

CAMPER NAME: _____

WEEK: 1 2

Parent/Guardian only allowed to pick up camper.

Others have my permission to pick up camper.

| | <u>List others (Please Print):</u> | <u>Relationship</u> |
|----|------------------------------------|---------------------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |
| 4. | _____ | _____ |
| 5. | _____ | _____ |

I hereby give the person(s) named above permission to check-out my child from the University of Michigan Women's Gymnastics Summer Camp.

Parent/Guardian Signature: _____

Date: _____

***Please note that every camper MUST be signed out with our staff each day when they leave.**