



## Summer Camp Child Release Authorization Form

Childs Name: \_\_\_\_\_ Age: \_\_\_\_\_

I give permission for the NYA Summer Day Camp Staff at the NYA Sports & Fitness Center to release my child/children to the following individuals:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_ / \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_ / \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date