



Authorization Form

Child's Name: _____

Camp Location: _____

List Parents, plus all others authorized to pick up child:

Name: _____ Phone number: _____ Cell: _____

Name: _____ Phone number: _____ Cell: _____

Name: _____ Phone number: _____ Cell: _____

Name: _____ Phone number: _____ Cell: _____

Name: _____ Phone number: _____ Cell: _____

Emergency Contact

Name: _____ Phone number: _____ Cell: _____

Yes, my child can walk or ride bike home at _____ p.m. each day.

No, my child must remain on site until picked up.

My child is permitted to watch PG ____ and PG13 ____ Movies.

Media Release

From time to time during the program, the media and the City of Coral Springs features our camps, staff and students to showcase the many and varied types of programs and events which the City of Coral Springs offer. Articles, photographs, video tapes and other communication tools may be used in newspapers, on television or radio, or in the City of Coral Springs publications.

_____ I will not allow my child to be photographed for the purpose explained above.

_____ I will allow my child to be photographed for the purpose explained above.

Print Name of Child _____

Parent/Guardian Signature _____ Date _____