



**FOR YOUTH DEVELOPMENT®**  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

**CAMP WATCHAUG & CAMP COVE  
ADDITIONAL PICK-UP REQUEST FORM**

**MUST be completed annually - valid for the summer of 2021 only.**

Camper's Name (print): \_\_\_\_\_

Camper's Name (print): \_\_\_\_\_

Parent/ Guardian's Name (print): \_\_\_\_\_

Parent/Guardian's Telephone: \_\_\_\_\_

**I give the following individual(s) the permission to be emergency contacts and to pick-up the above named Camper(s) from the BUS, EXTENDED DAY MORNING/EVENING, and at CAMP.**

**Individual 1**

Name (print): \_\_\_\_\_

Telephone: \_\_\_\_\_

**Individual 2**

Name (print): \_\_\_\_\_

Telephone: \_\_\_\_\_

**Individual 3**

Name (print): \_\_\_\_\_

Telephone: \_\_\_\_\_

Check here if additional names are listed on the back or attached to this paper ( )

Parent Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**Office Use Only**

**Date Received:** \_\_\_\_\_

**Staff Initial:** \_\_\_\_\_

**Entered In Daxko Database ( )**

**Current Session List ( )**