



# Authorized Pick-Up List

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## Campers information

Campers Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Camp Session \_\_\_\_\_

Parent/Guardian contact phone (     ) \_\_\_\_\_ (     ) \_\_\_\_\_

In the event I am not able to pick-up my child from camp, I give Inclusion Sports Performance Training permission to release my child to the custody of the following people.

Name (first and Last)	Relationship	Cell phone

Parent/Guardian Signature \_\_\_\_\_ Daytime Phone (     ) \_\_\_\_\_

Parent/Guardian Name (Print) \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_