

SIGN OUT AUTHORIZATION

Return to Day Camp Director ONLY....DO NOT send to the Council Office

Cub Scout Name: _____ **Day CAMP Den:** _____ (will be assigned by Camp Director)

List below the name of all persons allowed to sign out your son from Day Camp. Include the name of your Pack or Den Leader who will be at camp. These and only these persons listed below will be allowed to sign your son out. This list must include parents or guardians names.

Please let the Camp Director know if there are any custody issues. All information will be kept confidential. Identification of the person signing out the child from Day Camp may be verified with their driver’s license.

| Name | Relationship to Cub Scout | Home phone | Work/Cell phone |
|------------------|---------------------------|------------|-----------------|
| Parent/Guardian | | | |
| Parent/ Guardian | | | |
| Pack/Den Leader | | | |
| | | | |
| | | | |
| | | | |

I understand that *ONLY THE ABOVE* listed persons will be allowed to sign out my son.
 Permission to sign out *CANNOT* be granted over the phone.

_____ Date

Signature of parent or guardian

*** * * * DO NOT WRITE BELOW THE LINE * * * * ***

THIS SECTION WILL BE COMPLETED DURING DAY CAMP

| | SIGN IN | TIME | SIGN OUT | TIME |
|-----------|---------|------|----------|------|
| Monday | | | | |
| Tuesday | | | | |
| Wednesday | | | | |
| Thursday | | | | |
| Friday | | | | |

| REQUIRED ADULT VOLUNTEER SIGN IN Please sign-in if you are volunteering for the day | |
|--|--------|
| Monday: | Thurs. |
| Tuesday: | Friday |
| Wed. | |