



Sports Factory of the Lehigh Valley Summer Camp Authorization Form

This form must be completed for every Summer Camp participant.

PARTICIPANT INFORMATION

Participant Name: _____ Pass Type: _____

Birthdate: _____ Age: _____ Gender: _____

Main Contact: _____ Phone: _____

Address: _____ Email address: _____

PICK UP POLICY

SFLV Summer Camp staff are authorized to release my child _____ to the individuals listed below. I understand that each authorized person must be at least sixteen (16) years old, and that my child will NOT be permitted to leave the camp with anyone not listed below. All authorized individuals will be required to show identification and sign the child out each day.

My child may be released to the following individuals (include yourself):

| Name | Phone Number | Relationship |
|----------|--------------|--------------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| 4. _____ | _____ | _____ |

LATE PICK UP FEE POLICY

A late fee of \$10.00 per participant will be assessed for participants who are not picked up by the program's scheduled closing time or who are dropped off more than 15 minutes prior to the programs start time. We request that parents/guardians to call if they are delayed for any reason. Regardless of reason, a late fee will still be assessed. Payment is due upon pick-up of participant.

I have read, understand, and agree to the above policies for SFLV Summer Camp programs.

Printed Name (Parent/Guardian if under 18) _____ Signature (Parent/Guardian if under 18) _____ Date _____