



ALLEN PARKS & RECREATION - CAMP S.T.A.R.
DROP-OFF/PICK-UP AUTHORIZATION FORM
 OPTIONAL FORM - MAY BE DROPPED OFF AT ANY TIME DURING CAMP

Child's Name: _____
First Name, Last Name

Individuals listed below were not listed on my child's "2021 Camper Information Form" but have my permission to drop-off or pick-up my child to/from the Camp S.T.A.R. program.

NAME (PLEASE PRINT CLEARLY)	PHONE NUMBER	DRIVER'S LICENSE NUMBER

_____ _____ _____
Parent/Guardian - Print Name *Parent/Guardian - Signature* *Date*

ALLEN PARKS & RECREATION - CAMP S.T.A.R.
CAMPER SIGN-IN/SIGN-OUT AUTHORIZATION FORM
 OPTIONAL FORM - MAY BE DROPPED OFF AT ANY TIME DURING CAMP

My child, _____, has permission to sign him/herself in and out of the Camp S.T.A.R. program each day. My child's arrival time to camp will be _____ A.M. My child will leave camp at _____ P.M.

_____ _____ _____
Parent/Guardian - Print Name *Parent/Guardian - Signature* *Date*

