



Application for Permission for Child to Sign Out

Camper's Name: _____ DOB: _____

I am the parent/guardian of the camper name above who will be attending the Township of Scugog program(s) listed below.

I hereby request that this camper be permitted to sign out of each day camp program at the conclusion of the regularly scheduled camp day and, without the Township of Scugog supervision.

I agree that upon this camper signing out of the day camp, I take sole and complete responsibility for this camper's safety and welfare. I acknowledge that the Township of Scugog shall have no further responsibility for this camper.

Camp:	Session:
_____	_____
_____	_____
_____	_____
_____	_____

Parent/Guardian printed name: _____

Parent/Guardian Signature: _____

Date: _____

Upon the application of the parent/guardian named above, and confirmation that the camper qualifies for this exemption, the Township of Scugog will allow this camper to sign out of the day camp as requested.

1. To be eligible, the camper must be 10 years of age or older
2. Must be signed in the presence of an authorized Scugog staff member
3. The camper must be 10 years of age or older to sign out their sibling

Scugog Representative Signature: _____