



Safe Dismissal Consent Form

Camper Information

Camper Full Name:	
Date:	
Camp Attending:	
Primary Contact Full Name:	

Please authorize the individuals that your child can be released to at the end of the camp day. Campers will ONLY be released to those listed on this form. ID is required at each pick up, no exceptions.

Full Name	Relationship to Camper	Notes:

One of the above contacts must be available to come pick up the camper within 30 minutes, if necessary.

I give permission for the Town of Newmarket to provide a freezie to the above-mentioned child on Friday.	Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>
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Signature:	<input type="text"/>
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Recreation & Culture – Camp Central
 Town Of Newmarket, Recreation Youth Centre
 56 Charles Street
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 Phone: 905-953-5300 ext. 2825 or 2826
 www.newmarket.ca Fax: 905-836-5125