



**UMass Lowell RecKids Summer Camp  
Drop Off and/or Pick Up**

**\*\*NAMES OF PEOPLE INCLUDING PARENT/GUARDIAN THAT HAVE\*\*  
PERMISSION TO DROP-OFF AND/OR PICK-UP YOUR CHILD**

CAMPER NAME: \_\_\_\_\_

1. ADULT NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

2. ADULT NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

3. ADULT NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

4. ADULT NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

5. ADULT NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

If we do not have a record of your permission for one of the above listed people, we will be unable to allow your child to leave with anyone else. Please understand we are doing this for the safety of the children. If you have any additional questions please email: [charles\\_rembert@uml.edu](mailto:charles_rembert@uml.edu)

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)