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

__________________________  ___________
(Parent/Guardian Signature)   (Date)