

Camper Drop Off/Pick-up Permission

Name of Camper: Name of Camp Attending:			
Please list all persons who ha (listed above).	ve permission to transport y	your child to/from App State Youth Ca	ımp
Name	Relationship	Cell phone number	
		other than those employed by an App St o confirm the current licensing and insur	
the App State Youth Camp (list timely manner or arrange for se allowed to leave an App State	red above). We agree to collect omeone else to do so. We und Youth Camp with a person on	e University or contracted vehicle to and et our son/daughter at the pick up point in derstand that our son/daughter will only the above list or alone if given permissi be in writing from a parent or guardi	n a be on. I
Student Initial I have read and un	nderstood this drop off/pick up	p permission form.	
I have read, comp	leted, and understood the tran	sportation permission form.	