

CRISTACAMPS



Camper Pick-Up Authorization

Date: _____

Camper Name _____

_____ Miracle Ranch Day Camp

_____ Miracle Ranch Resident Camp

At CRISTA Camps we want to provide a safe and secure environment for your child. We want to make sure that security includes us knowing who can and cannot pick up your camper and ensuring that each pick-up is authorized. This may be a simple list for some families and a complex list for other families; we promise to verify pick-up for each camper every time, regardless. Please help us by providing the following information with as much detail as possible. Thank you.

Primary Parent/Guardian Contact

Please list parents/guardians who will primarily be responsible for pick-up and who can authorize others to pick up your child.

Name	Primary Phone #	Secondary Phone #

Other Authorized Individuals

Please list other individuals who are authorized to pick-up your child from camp, the best phone number to reach them and their relationship to your child.

Name	Best Phone #	Relationship to Child
	() -	
	() -	
	() -	
	() -	
	() -	

Are there any special issues we should know about in regards to your child's pick-up (family situations, custody disputes, specific unauthorized individuals, etc.)? _____

If so, please explain: _____

Miracle Ranch | 15999 Sidney Road SW | Port Orchard, WA 98367 |
877.723.4373 cristacamps.com | Email information@cristacamps.com

