

Phone 201.444.6530 Fax 201.444.9099 www.gifted.org admin@gifted.org

## SUMMER SUPER STARS CAMP STEAM CAMPER PICK-UP AUTHORIZATION FORM

| Camper's Last Name:  | Camper's Last Name:First Name: |                            |                        |            |  |
|--|--------------------------------|----------------------------|------------------------|------------|--|
| Parent's/Guardian's Name   | es:                            | ,                          |                        |            |  |
| Mother Cell #:Father Cell #:   |                                |                            |                        |            |  |
| Mother Work #:Father Work #:   |                                |                            |                        |            |  |
| Please provide the information and photo requested below for each individual you authorize to pick up your child from Camp STEAM, in the event you are not able to pick up your child. |                                |                            |                        |            |  |
| Photo  | Name                           | Phone Number               | Relationship           | Address    |  |
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| Lauthorize the above lists   | d individuals to pick :        | up my child listed above f | rom Summer Super Stars | Camp STEAM |  |
| I authorize the above listed individuals to pick up my child listed above from Summer Super Stars Camp STEAM.  |                                |                            |                        |            |  |
| Parent/Guardian Signature:   |                                |                            | Date:                  |            |  |

The Gifted Child Society is a 501(c)3 non-profit organization providing services for gifted children since 1957