SACRAMENTO STATE AQUATIC CENTER

SUMMER CAMP PERMISSION FOR CHILD PICK-UP

Parents Name:	
Child's/Children's N	Jame(s):
Camp:	Week #:
	llowing adults to pick up my child/children cramento State Aquatic Center.
Adult #1: Name:	
Phone:	Other:
<u>Adult #2</u> : Name:	
Phone:	Other:
Adult #3: Name:	
Phone:	Other:
Parent Signature:	
Date:	<u> </u>