



YORK COUNTRY DAY SCHOOL

Alternative Contacts/Child Pick-Up Information

Please provide the following information for two persons authorized to pick up your child from camp and who may be contacted if a parent cannot be reached.

Alternative Contact/Authorized Pick-Up 1

Name: _____ Daytime/Cell Phone: _____

Home Address: _____ Home Phone: _____

Work Address: _____ Work Phone: _____

Relationship to camper: _____

Alternative Contact/Authorized Pick-Up 2

Name: _____ Daytime/Cell Phone: _____

Home Address: _____ Home Phone: _____

Work Address: _____ Work Phone: _____

Relationship to camper: _____

In the event the camper is exposed to an accident, injury, or illness, I hereby give permission for the staff of the camp to seek appropriate medical attention. For medical/life-threatening emergencies, injured persons will be taken to York Hospital.

I agree to waive and release York Country Day School, York College of Pennsylvania, and their employees from all liability and claims for damages that may arise, except for gross or willful negligence with respect to an injury to the above participant.

MY SIGNATURE BELOW INDICATES THAT I HAVE READ AND UNDERSTAND ALL ITEMS OF THIS DOCUMENT.

Parent/Guardian 1 (Please Print)

Signature of Parent/Guardian 1

Date

Parent/Guardian 2 (Please Print)

Signature of Parent/Guardian 2

Date