

# CHARLES RIVER AQUATICS



Technique • Confidence • Excellence

CHARLES RIVER AQUATICS | 900 WORCESTER STREET | WELLESLEY, MA 02482

## CAMPER TRANSPORTATION PERMISSION FORM

I authorize my child(ren):

Child's name \_\_\_\_\_ Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's name \_\_\_\_\_ Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's name \_\_\_\_\_ Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's name \_\_\_\_\_ Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's name \_\_\_\_\_ Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

permission to leave Charles River Aquatics Swim Camp with the following people:

1) Adult's name: \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Dates for pick up: \_\_\_\_\_

2) Adult's name: \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Dates for pick up: \_\_\_\_\_

3) Adult's name: \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Dates for pick up: \_\_\_\_\_

Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Printed name of legal guardian \_\_\_\_\_

Signature of legal guardian \_\_\_\_\_