

# 2020 Permission to Sign In/Sign Out (Walk or Ride Home)/ Pick Up Authorization



**\*\*\*This form is to be completed by parent/guardian prior to the start of the Camp**

Child's Name: \_\_\_\_\_ Child's age \_\_\_\_\_

**Permission for Child to Sign In/Sign Out (Walk or Ride Home)**

\_\_\_\_\_ has permission to \_\_\_\_\_  
(Please print Child's name)  (Sign In, Sign Out, or Both)

**\*Permission to Sign Out of a camp gives the child permission to sign out at the scheduled end time of camp and not at the time of their choosing**

Name of Camp:	Dates Attending:

\*Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

**Pick Up Authorization**

I hereby declare that the following individuals are authorized to pick up my child from camp:

Name	Phone Number	Relationship	Permission for all of 2020?	Permission for only specific Camps or Dates? (list camps/dates)	Input on Oak Bay client account (office use only)
			<input type="checkbox"/>		<input type="checkbox"/>
			<input type="checkbox"/>		<input type="checkbox"/>
			<input type="checkbox"/>		<input type="checkbox"/>
			<input type="checkbox"/>		<input type="checkbox"/>
			<input type="checkbox"/>		<input type="checkbox"/>

Comments: (i.e. specific days, descriptions of person, etc.)

---



---



---

\*Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

**FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY**

This collection of personal information is authorized under the Local Government Act, Community Charter and section 26(c) of FIPPA. The information will be used for processing of fees related to the recreation program. Questions can be directed to the District's Privacy Officer at 2167 Oak Bay Avenue, Victoria BC, V8R 1G2, or 250-598-3311, or [dhopkins@oakbay.ca](mailto:dhopkins@oakbay.ca).