



**Authorized Drop-Off/ Pick-Up Form**  
*Please fill out, initial and sign.*

**Adult Drop-Off/Pick-Up**

The following individuals are authorized by the undersigned parent/guardian to sign

\_\_\_\_\_ into and out of BCAP.  
*Camper's full name*

\_\_\_\_\_  
Name of Individual

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Primary Day Time Phone

\_\_\_\_\_  
Secondary Day Time Phone

\_\_\_\_\_  
Initial Here

\_\_\_\_\_  
Name of Individual

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Primary Day Time Phone

\_\_\_\_\_  
Secondary Day Time Phone

\_\_\_\_\_  
Initial Here

**Agreement: Please sign below**

**I represent that the information I have provided on this page is true and accurate and further represent that I have read and understand this form and agree to its terms.**

\_\_\_\_\_  
Please print your name

\_\_\_\_\_  
Relationship to child

\_\_\_\_\_  
Your signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child's name