



Vassar College
Summer Sports Camps

As a parent/guardian of _____, who is participating in
_____ camp from _____ to _____ 2025, I am not
requiring a signature for my son/daughter to be picked at the end of each day of
camp.

Signature

Print Name

Date:

Relationship

**** Please note all campers will remain with their coach until released****

**PLEASE NOTE: ---- IF YOU LIKE YOUR SON OR DAUGHTER TO BE SIGNED OUT
EACH DAY BY YOU OR A DESIGNATED ADULT YOU WILL BE ABLE TO SIGN A FORM
TO ENABLE THIS PROCESS AT REGISTRATION****

***In addition, in order to sign out your child each day you or the designated adult's
signature must be present on the form distributed at registration and
you/designated adult will need to provide identification at the time of sign out.**