

Sylvia Hatchell's Basketball Camps  
Day Camper Verification

**I verify that I have read the said Rules and Regulations for Day Campers and I agree to comply with the said Rules and Regulations for Day Campers.**

Date: \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Printed Name of Day Camper

\_\_\_\_\_  
Signature of Day Camper

Telephone Numbers:

Day Camper Cell # (if she has a cell)      ( \_\_\_\_\_ )

Parent/Guardian Cell Number              ( \_\_\_\_\_ )

Additional Contact Number(s)              ( \_\_\_\_\_ )

( \_\_\_\_\_ )

Please list (PRINT) the names of any adults, other than the parent/guardian signing this form, who has your permission to pick up the day camper listed above.

|    | NAME OF ADULT | RELATION TO CAMPER* | CONTACT NUMBER* |
|----|---------------|---------------------|-----------------|
| 1. |               |                     |                 |
| 2. |               |                     |                 |
| 3. |               |                     |                 |
| 4. |               |                     |                 |

\*Example: Second Parent (Father or Mother) Grandmother, Grandfather, Adult Brother or Sister, Aunt, Uncle, Friend, etc.

\*Include Area Code with contact number.