



FUN for ALL, ALL for FUN Sports Camp 2012

Driver Authorization Form

Camp Week: (check all that apply)

June 18th - June 22nd

*July 2nd - July 6th

July 9th - July 13th

July 16th - July 20th

July 30th - August 3rd

August 6th - August 10th

August 13th - August 17th

August 20th - August 24th

Camper Information

Child's First Name: _____ Child's Last Name: _____

Date of Birth: _____ Grade: _____ Gender: (Check) Female Male

Mom's Name: _____ Dad's Name: _____

Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Mom's Work Phone: _____ Ext: _____ Mom's Cell Phone: _____

Dad's Work Phone: _____ Ext: _____ Dad's Cell Phone: _____

Home Phone: _____ Email: _____

Driver's Name: _____ Contact Number: _____

Car Make: _____ Car Model: _____ Year of Car Driven: _____

Driver Permission (Adult Driver)

I, _____, (parent/guardian) am the parent or legal guardian of
_____ (minor child). I give my permission for _____

(name of driver) to drive my minor child to and from the Discovery Sports Center for the Discovery Sports Center FUN for ALL, ALL for FUN Sports Camp(s), and to sign my child in and out for the week(s) indicated above. He/she is related to my child in the following way _____ (ex. Aunt, babysitter, friend of family, etc.) I agree that my child will be at the Discovery Sports Center between the hours of 9:00am and 12:00pm (Half Day Camp) or 9:00 am and 4:00pm (Full Day Camp) and do not have my permission to leave before the camp is over. I do not give permission for any other people that may drive with him/her. I realize that individual permission for each person must be granted by their respective parent/guardian. I agree that neither the Maryland Soccer Foundation, Discovery Sports Center, Maryland SoccerPlex and their agents, sponsors and employees may be held responsible should an accident occur.

Signature: _____ Date: _____

Print Name: _____

***Only needed if someone other than your child's parent or guardian will be picking up or dropping off your child**