

Other than the parents/guardians listed please list two adults who will be available during program to pick up child within 15 minutes.

Name	Relationship	Cell phone & home or work #
------	--------------	-----------------------------

Name	Relationship	Cell phone & home or work
------	--------------	---------------------------

I further understand that photographs, photographic images, videotapes, and likenesses of my child may be used in connection with publicity, publications, websites, brochures, flyers, and other promotional activity of Putnam County Youth Bureau and Camp Herrlich.

Parent's Signature _____ Date _____

Mail this form along with medical & liability form to:

Attn: Andrea Hoag
Youth Bureau, 110 Old Route 6, Bldg 3
Carmel, N.Y. 10512

For more information, call Andrea Hoag at (845) 808-1600 x46118