



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Westfield Area YMCA Camp Authorized Walk Home Permission

Date: _____

Camp: _____ Session (week): _____

I give permission for my child _____,
(Child's full name)

To walk home on _____, at approximately _____,
(Date/Day) (Time)

I understand that once my child signs out of camp, the Westfield Area YMCA and its staff are no longer responsible for her/him. I also understand that I will not hold the Westfield Area YMCA liable for anything that may happen to my child on the way home.

Parent/Guardian Signature _____ Date: _____

Camp Director's Signature _____ Date: _____