



**FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

Westfield Area Y

## Camp Authorized Walk Home Slip

Date: \_\_\_\_\_ Camp: \_\_\_\_\_ Session: \_\_\_\_\_

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, that the Westfield Area Y is no longer responsible for her/him. I also understand that I will not hold the Westfield Area Y liable for anything that may happen to my child on the way home.

Parent's Signature \_\_\_\_\_

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

Camp Director's Signature \_\_\_\_\_

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