



Charles River Aquatics Swim Camp

PO Box 534, Needham Heights, MA 02494

617-777-3556

Transportation Permission

If your child will ride home with someone other than their legal guardian(s), please complete, sign, and return this form by the first morning of camp at the latest.

I give my son/daughter, _____, permission to leave the Charles River Aquatics Swim Camp with the following people on the following days:

For the week of: _____

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Name of legal guardian

Signature of legal guardian

Date