



Student Name: \_\_\_\_\_  
Class: \_\_\_\_\_

**Fill out either SECTION A and/or SECTION B**

**Send this form to Badger Precollege by email or regular mail PRIOR to the 1<sup>st</sup> day of camp.**

**SECTION A**

**SPECIFY WHO IS AUTHORIZED TO PICK UP YOUR CHILD EACH DAY:**

Date(s): \_\_\_\_\_

Name of Camper: \_\_\_\_\_ Name of Parent: \_\_\_\_\_

I authorize these individuals to pick up my child from GEM/PACE:

First and Last Name	Relationship to Camper

**SECTION B: PACE Students Only**

**SPECIFY THAT YOUR CHILD IS AUTHORIZED TO LEAVE CAMP ON HIS/HER/THEIR OWN:**

Date(s): \_\_\_\_\_

Name of Camper: \_\_\_\_\_ Name of Parent: \_\_\_\_\_

I authorize and give consent to Badger Precollege to release my child from Camp without parental supervision and hereby consent, acknowledge, and allow my child to leave camp without parental or BPC staff supervision. I, individually and on behalf of my minor child(ren) understand that leaving camp unsupervised may incur risk. This signature means that I understand the risks involved and accept all of these risks.

\_\_\_\_\_  
**Signature of Parent/Guardian**

Mail this Form to:  
21 N Park St, 7<sup>th</sup> Floor  
Madison, WI 53715

Email this Form to:  
denise.ksioszk@wisc.edu

Questions?  
Phone: 608.890.3260