

CYO DAY CAMP TRANSPORTATION FORM

Camper Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Mother Cell Phone #: \_\_\_\_\_

Father Cell Phone #: \_\_\_\_\_

Mother Work Phone #: \_\_\_\_\_

Father Work Phone #: \_\_\_\_\_

*We do not provide door-to-door transportation. The bus routes usually begin around 8:30am with the first pick up at the greatest distance from the camp in Yardville. The times listed below are approximate times and may change by up to 10 minutes in the morning and / or afternoon.*

Pick Up / Drop Off Locations	Approximate Pick Up / Drop Off Times
<b>OLS</b>	<b>8:35 / 4:15</b>
<b>Sayen School</b>	<b>8:40 / 4:10</b>
<b>St. Greg's School</b>	<b>8:45 / 4:05</b>

*\*Not all Pick Up / Drop Offs will be done by the same vehicle.*

Pick Up Location: \_\_\_\_\_

Drop Off Location: \_\_\_\_\_

Name and relation of person who will be accepting camper at the drop off location. If other than parent please provide us with a name and phone number.

Name	Phone #	Relationship
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My child has permission to walk home from the drop off location. (Circle one)      YES      NO

<p>I agree to (a) waive and relinquish; (b) fully release and discharge; (c) indemnify and hold harmless the CYO of Mercer County and the Diocese of Trenton and their officers, agents, and employees from any and all claims from injuries, damage or loss which may accrue to me on account of my child's participation in the CYO Program, and I accept the responsibility of my child walking home from the designated drop off location.</p>
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Parent Name (print)	Parent Signature	Date
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Group #	Sessions
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CYO FORM COPIED INSERTED INTO BUS BINDER
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Assigned Bus: _____
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