

**Special Olympics  
Pennsylvania Sports  
Camp Release Form**

**Special  
Olympics  
Pennsylvania**



Special Olympics Pennsylvania strongly encourages all Athletes to remain with their delegation. However, in the event that a parent, legal guardian or other responsible party wants to take an athlete away from the delegation activities during the course of the Event or if an athlete is leaving the event with someone other than the person who brought them to camp this form must be completed.

I, \_\_\_\_\_ request Special Olympics Pennsylvania to allow Special Olympics PA Athlete,  
(printed name)

\_\_\_\_\_ to be released to my custody on \_\_\_\_\_, \_\_\_\_/\_\_\_\_/2017.  
(printed name of athlete) (day) (date)

**DAY RELEASE**

I agree to the following arrangements;

- Pick Up Point (location): \_\_\_\_\_
- Time of Pick Up: \_\_\_\_\_ a.m. / p.m. (circle one)
- Name of person Picking Up Athlete: \_\_\_\_\_
- Drop off Point (location): \_\_\_\_\_
- Time of Drop Off: \_\_\_\_\_ a.m. / p.m. (circle one)
- Name of Person Dropping off Athlete: \_\_\_\_\_

**POST EVENT RELEASE**

I agree to the following arrangements;

- Pick Up Point (location): \_\_\_\_\_
- Time of Pick Up: \_\_\_\_\_ a.m. / p.m. (circle one)
- Name of Person Picking Up Athlete: \_\_\_\_\_
- Reason for release: \_\_\_\_\_

I further understand that by signing this statement I release Special Olympics Pennsylvania and their agents (staff and volunteers) from any responsibility for any incidence that may occur while the above athlete is in my care.

\_\_\_\_\_/\_\_\_\_\_/2017  
(signature) (relationship to athlete) (date)

SOPA Staff Signature: \_\_\_\_\_/\_\_\_\_\_/2017

Delegation-Head Coach's Signature: \_\_\_\_\_/\_\_\_\_\_/2017

**Note: SOPA Staff has the right to deny this request. If guardianship is questioned, an athlete will not be released.**