



WALK / BIKE PERMISSION FORM

To: Closter Recreation Summer Camp Director – Adam Sidrow

Please note that my child(ren):

1. _____ Grade _____
2. _____ Grade _____
3. _____ Grade _____
4. _____ Grade _____

will be walking / riding a bicycle to and from camp each day.

Parent/Guardian Name: _____
(please print)

Parent/Guardian Signature: _____ Date: _____

This form is due first day of camp, OR the first day that your child will be walking/riding a bicycle home.