

---

# HAMMER TRAINING ACADEMY Player Dismissal Authorization

**Players Name:** \_\_\_\_\_

Age: \_\_\_\_\_

At the end of each camp day, an authorized person must pick up each player. Please indicate in the spaces below the names of any people who have your permission to pick up your player. If you wish to add another name, please notify us with your written authorization either before or during the camp week. **The authorized pick up person(s) must have photo ID and collect the player from the Dismissal Coach.**

The following people are permitted to pick up the player at the end of camp: (PLEASE PRINT)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

## Player Checkout Signatures

**Signature of Authorized Pick Up Person**

Monday: \_\_\_\_\_

Tuesday: \_\_\_\_\_

Wednesday: \_\_\_\_\_

Thursday: \_\_\_\_\_

Friday: \_\_\_\_\_

## Special Dismissal Instructions

Players who wish to walk or ride their bicycle home from camp or who have other special dismissal instructions require written parent authorization:

\_\_\_\_\_

I give Hammer Training Academy authorization to release my child under the instructions stated above and accept responsibility for his or her safe return to home.

Please sign below and mail to Hammer Training Academy, Inc: 934 Massachusetts Ave Cambridge, MA 02139

**Signature of Parent or Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_