

**West Essex YMCA Super Summer Camp**  
**Permission for Child to Walk Home From Camp**

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

**This form must be completed and signed and turned into the YMCA office or the Super Summer Camp Director prior to the first time that your child walks home.**

I hereby grant permission for my child to leave Super Summer Day Camp in order to walk home alone. I understand that my child will be walking home UNSUPERVISED BY AN ADULT, and that my child is no longer the responsibility of the West Essex YMCA or their staff once they leave the program.

Date(s) my child may walk home UNSUPERVISED: \_\_\_\_\_  
\_\_\_\_\_

Time my child may leave the program to walk home UNSUPERVISED: \_\_\_\_\_

\_\_\_\_\_  
Print Parent/Guardian's Name

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

