



Authorized Participant Pickup and Sign Out Form

LIST OF AUTHORIZED PICK UP PERSONS

Child(ren)'s Name(s): _____

I authorize the following person(s) to sign out my child(ren), as listed above, from the _____
Camp/Program Name

I have advised all authorized pick up persons that they are required to show a piece of identification when they come to pick up my child(ren). All people assigned to picking up my children will be at least 12 years of age.

Name of Authorized Pick up Person(s):	Indicate Age or write "Adult"
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

This authorization applies to the following dates:

For the entire time my child(ren) is registered in the program listed above

On the following dates only (please list): _____

Parent/Guardian Name (please print)

Parent/Guardian Signature

Date