

Auburn Recreation
Summer Day Camp – Pick Up Authorizations

Child's Name: _____ **Grade:** _____

School: _____

Child's Name: _____ **Grade:** _____

School: _____

Child's Name: _____ **Grade:** _____

School: _____

Please List the names of any adults who are authorized to pick up your child/children from the after school program. Parents/Guardians must be listed first. List only those who will be picking up your child on a regular basis. One person per entry. Thank you.

1. **Name:** _____ **Gender:** M or F

Email: _____ **Phone:** _____

Address (As listed on ID): _____

City: _____ **Zip:** _____

DOB: _____ **Relationship to Child:** _____

2. **Name:** _____ **Gender:** M or F

Email: _____ **Phone:** _____

Address (As listed on ID): _____

City: _____ **Zip:** _____

DOB: _____ **Relationship to Child:** _____

3. **Name:** _____ **Gender:** M or F

Email: _____ **Phone:** _____

Address (As listed on ID): _____

City: _____ **Zip:** _____

DOB: _____ **Relationship to Child:** _____

4. **Name:** _____ **Gender:** M or F

Email: _____ **Phone:** _____

Address (As listed on ID): _____

City: _____ **Zip:** _____

DOB: _____ **Relationship to Child:** _____

Name (Print): _____ **Signature:** _____