## **Authorized Pick Up and Self-Check Out Form**

## **FOR STUDENTS AGES 4-13\***

Participant's Name(s)	
	people to the authorized pick up list for my child/children. nergency contact, and others already listed)
Name:	Phone:
Name:	Phone:
Parent/guardian name	
Parent Signature	
*Students age 9-13 may si	ign themselves out. Please fill out the form below.
Release for students between age	es nine and thirteen to sign themselves in and out:
to sign her/himself in and out each or designated instructors are not Students under the age of nine at them up.] Students between nine	age nine or over ch day. I acknowledge that the (program name here) responsible for students once they are signed out. [Note: re required to have a parent or authorized person pick e and thirteen can sign themselves in and out with parent/nts over the age of thirteen do not need to sign in and out taken.
Parent/guardian name	
Parent Signature	