Youth Education Authorized Pick Up and Self-Check Out Form

FOR STUDENTS AGES 4-13*

Participant's Name(s) I would like to add the following people to the authorized pick up list for my child/children. (In addion to Parent/Guardian, emergency contact, and others already listed)	
Name:	Phone:
Parent/guardian name	
Parent Signature	
*Students age 9-13 may sig	n themselves out. Please fill out the form below.
Release for students between ages	s nine and thirteen to sign themselves in and out:
I authorize my child/ward	
Parent/guardian name	
Parent Signature	