



**SCHOLAR ELITE BASKETBALL AFTER-SCHOOL PROGRAM
AUTHORIZATION TO PICK UP A CHILD FORM**

Name of Child/ren_____

I hereby inform Scholar Elite Basketball After-school Program that the people listed below are authorized to pick up the above-named child/ren at any time. Accordingly, the Scholar Elite Basketball Program is hereby instructed to release my child/ren into the care of the following people whenever they come to the After-school/Holiday Camp Program.

AUTHORIZED PICK-UP PERSON (must be a minimum of 18 years old unless specially written arrangements are made).

Approved name	Relationship to child/ren	Phone Number:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

I understand that: Parents/guardians must inform the Scholar Elite Basketball Program in writing when the name of the person listed above will pick up their child/ren. This applies when the child's normal pickup routine varies. Any person who picks up your child/ren may be asked to provide a photo ID to the staff if they are unfamiliar with the person on the above list. This document shall remain valid until edited or rescinded in writing by the parent/guardian.

Authorized by: _____

Parent(s)/Guardian(s) Print

_____ Date

Parent(s)/Guardian(s) Signature

Date