

PATHWAY ELITE BASKETBALL LLC

PICK UP AUTHORIZATION

Personal Information (please print)

Date: _____

Child's Name: _____

DOB: _____

Parent/Guardian Name: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Authorized Pick Up

Please list any individual who is authorized to pick up your child, including yourself. Each authorized person must be at least 16 years of age. The above-named child will not be permitted to leave camp with anyone who is not listed below. Authorized individuals must pick up the child in person and may be requested to show identification to camp staff. Children will not be released to persons who fail to provide acceptable identification upon request.

I authorized the following responsible persons to pick up my child from the program:

<u>Authorized Person</u>	<u>Phone Number</u>	<u>Relationship to Child</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please note that children must be picked by designated times. If an authorized adult is unable to be reached, staff member will contact local police as a last resort to take your child home. If you are not home, your child will be released to the Division of Family and Children Services.

Authorized Dismissal

(_____) Initial if your child is at least 16 years of age and will be responsible for his/her own transportation to and from camp. Your child may sign himself/herself out at the end of camp activities.

Parent/Guardian Name: _____

Parent/Guardian: Signature _____

****ONLY THE ENROLLING PARENT WILL BE PERMITTED TO COMPLETE THIS FORM
*BRING THIS SIGNED FORM TO THE FIRST DAY OF CAMP (DO NOT MAIL IT)***