WePickle After School Pickleball Enrichment Program
Parent/Guardian Registration & Authorized Pick-Up Form

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Student Information

Child's Full Name: _____

School: _____ Grade: _____

Parent/Guardian Information

Parent/Guardian Full Name: _____

Cell Phone: _____

Alternate Phone: _____

Email (Optional): _____

Authorized Pick-Up Person

Only the individual listed below is authorized to pick up the participant unless written or verbal authorization is provided by the parent/guardian.

Authorized Pick-Up Person's Full Name:

Relationship to Child: _____

Phone Number: _____

Emergency Contact

Emergency Contact Name:

Relationship to Child: _____

Phone Number: _____

Parent/Guardian Authorization

I authorize WePickle After School Pickleball Enrichment Program staff to release my child only to the authorized individual listed above unless I notify the program of a change.

I understand that identification will be requested before my child is released.

Parent/Guardian Signature: _____

Date: _____