

RELEASE FORM-AUTHORIZATION FOR PICK-UP

Dear Parent/Guardian:

Please fill out the form below relating to those persons who have your permission to pick up your child from A.A.G.A. Summer Camp. Please give any additional information necessary in the appropriate space.

If, due to unforeseen circumstances or an emergency, it is necessary for someone else to pick up your child, a note from the parent or a telephone call is necessary. Please be aware that the person may be asked to identify himself or herself before we release your child.

If there are any custody issues we must have legal documents with regard to who can pick up your child and on what days.

Sincerely,

A.A.G.A. Staff

RELEASE FORM

The following people are authorized to pick up my child from All Around Gymnastic Academy Summer Camp Program. I authorize the release of my child to their care.

Child's Name _____

Parent/Guardian Name _____ Work # (____) _____

Parent/Guardian Name _____ Work # (____) _____

| Name (Please print) | Relation | Phone Number |
|---------------------|----------|--------------|
| _____ | _____ | (____) _____ |

| Name (Please print) | Relation | Phone Number |
|---------------------|----------|--------------|
| _____ | _____ | (____) _____ |

| Name (Please print) | Relation | Phone Number |
|---------------------|----------|--------------|
| _____ | _____ | (____) _____ |

| Name (Please print) | Relation | Phone Number |
|---------------------|----------|--------------|
| _____ | _____ | (____) _____ |

| Name (Please print) | Relation | Phone Number |
|---------------------|----------|--------------|
| _____ | _____ | (____) _____ |

Parent/Guardian Signature

_____ Date _____