

Athlete Pick up Authorization Form

I, _____ the parent or guardian
hereby give my permission and consent for my athlete,

_____ Squad _____

to be picked up from Warren Township Cheer and Pom practice and/or
games by the following persons:

Name	Anytime	Emergency	Only when I notify WTCP
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

It is the policy of WTCP to ask for photo ID for anyone unfamiliar to us.
Please inform the people on the pick up list that if they do not have proper
identification, we cannot release your athlete to them.

In the event of an emergency and no one listed above is available, please
call or text your Team Manager to advise who will responsible for picking up
your athlete.

Parent Signature _____

Date _____