

Sacramento Republic FC Camps and Clinics
Pick-Up Authorization Form



I. Personal Information (please print)

Today's Date: ____/____/____

Child's Name: _____ Age: _____

Parent/Guardian Name(s) _____

Home Phone: _____

Cell Phone(s): _____

Work Phone(s): _____

II. 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 the program with anyone who is not listed below. Authorized individuals must pick up the child in person and may be requested to show identification to program staff. Children will not be released to persons who fail to provide acceptable identification upon request.

I authorize the following responsible persons to pick up my child from the program (attach additional pages as needed):

Authorized Person	Phone Number	Relationship to Child

III. Authorized Dismissal

My child is at least 16 years of age and will be responsible for his/her own transportation to and from the program. My child may sign himself/herself out at the end of the program activities.

Parent or Guardian Name Printed

Signature of Parent or Guardian

*Please note that only the enrolling parent will be permitted to complete this form.