Avon Recreation and Parks
PICK-UP AUTHORIZATION FORM

Name of child/children: _____

Adult(s) Authorized for Pick-up: _____

_____

Relationship(s): _____

Phone #'s:_____

Date(s) permitted to pick-up: _____

_____

Please note that the authorized adult will be required to show an ID at sign-out.
If signing this form electronically, I acknowledge that my electronic signature is legally binding and has the same force and effect as a handwritten signature.

_____
Name of Parent/Guardian (Print)

_____ _____/____/____
Signature of Parent/Guardian Date