



# KENTUCKY YMCA YOUTH ASSOCIATION DROP-OFF AND PICK-UP AUTHORIZATION FORM

Participant Name: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

Parent/Guardian Signature: \_\_\_\_\_

*No one will be permitted to pick up your child if their name is not listed below.*

All persons must have AND show their picture ID when picking up a child from the conference site.

Make sure that you list all adults, even if you reside in the same household.

If your child is authorized to drive themselves, you must check this box

### THE FOLLOWING ADULTS ARE AUTHORIZED TO PICK UP MY CHILD:

- Parent/Guardian Name: \_\_\_\_\_  
 Cell Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_    Work OR Home Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- Parent/Guardian Name: \_\_\_\_\_  
 Cell Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_    Work OR Home Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### THE FOLLOWING PERSON(S) OTHER THAN A PARENT/GUARDIAN ARE AUTHORIZED TO PICK UP MY CHILD\*:

- Name: \_\_\_\_\_  
 Cell Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_    Work OR Home Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Relationship: \_\_\_\_\_
- Name: \_\_\_\_\_  
 Cell Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_    Work OR Home Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Relationship: \_\_\_\_\_