Kentucky YMCA Youth Association

CHILD DROP-OFF AND PICK-UP AUTHORIZATION FORM

PARTICIPANT'S NAME (Please print)_____Today's Date _____

Parent's 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 from the conference site. Make sure you list ALL adults, even if you reside in the same household. If your child is driving themselves, you MUST list them as authorized below.

The following adults are authorized to pick up my child from the Kentucky YMCA Youth Association programs.

1.Parent/Guardian (please print) _____

Cell Phone_____Work Phone_____Home Phone _____

Address_____City_____State_____Zip _____

2.Parent/Guardian (please print) _____

Cell Phone_____Work Phone_____Home Phone _____

Address_____City_____State_____Zip _____

The following person(s) other than parent/guardian are authorized to pick up and/or drop off my child.

1. Name _____

Cell Phone_____Work Phone_____Home Phone _____

Address_____City_____State_____Zip _____

Relationship: Grandparent Relative Family Friend Other:_____

2.Name _____

Cell Phone_____Work Phone_____Home Phone _____

Address_____City_____State_____Zip _____

Relationship: Grandparent Relative Family Friend Other:_____

3. Name _____

Cell Phone_____Work Phone_____Home Phone _____

Address_____City_____State_____Zip _____

Relationship: Grandparent Relative Family Friend Other:_____