

SOUTHBOROUGH RECREATION AUTHORIZED PICK UP FORM

The following people are authorized to pick up my child, _____
from Southborough Recreation Programs. I understand that the Southborough Recreation Department is not responsible for any occurrences and/or accidents taking place outside of the program location. Please include any adults over age 18 living in your household (*including yourself!*).

*Please remember that all people listed as **Authorized Pick Ups MUST come with a valid photo ID.**

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

My child will be attending the following programs:

	Registered Week(s)							
Program: _____	1	2	3	4	5	6	7	8
Program: _____	1	2	3	4	5	6	7	8
Program: _____	1	2	3	4	5	6	7	8
Program: _____	1	2	3	4	5	6	7	8

Adults authorized to pick up my child:

Name: _____	Name: _____
Phone Number: _____	Phone Number: _____
Relationship to Child: _____	Relationship to Child: _____
 Name: _____	 Name: _____
Phone Number: _____	Phone Number: _____
Relationship to Child: _____	Relationship to Child: _____

Please list any individual(s) who is LEGALLY DENIED access to your child:

To avoid problems at pick-up time, please include anyone who may ever possibly pick up your child. A written consent letter is required for pickup by anyone not on this list. Please remember to include car pool members.