



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

YMCA of Central Ohio Authorization Release Form

Please complete the following information, if you wish to authorize additional individuals to pick-up your child from the School-Age Care Program.

I, _____, authorize the following list of individuals to drop off
Parent/Guardian's Name

and/or pick up my child _____, to/from the YMCA School-Age Program.
Child's Name

Please complete the following information:

Name: _____ Relationship to Child: _____
Address: _____ City: _____
State: _____ Zip Code: _____ Phone: (____) _____
Alternate Phone: (____) _____ Cell: _____

Name: _____ Relationship to Child: _____
Address: _____ City: _____
State: _____ Zip Code: _____ Phone: (____) _____
Alternate Phone: (____) _____ Cell: _____

Name: _____ Relationship to Child: _____
Address: _____ City: _____
State: _____ Zip Code: _____ Phone: (____) _____
Alternate Phone: (____) _____ Cell: _____

These adults understand that they must come into the YMCA program to sign my child in/out. They also understand that it will necessary to show valid photo identification.

Signature of Parent/Guardian: _____ Date: _____

Signature of Witness: _____ Date: _____