

# **Avon Recreation and Parks PICK-UP AUTHORIZATION FORM**

Name of child/children: \_\_\_\_\_

Adult Authorized for Pick-up: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Date(s) permitted to pick-up: \_\_\_\_\_

Please note that the authorized adult will be required to show an ID at sign-out.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date