



Child Pick Up Form

CHILD Name: _____

Please list below all individuals who are authorized to pick up your child/ children. The individuals will also be called in the event of an emergency and the parent(s) cannot be reached. A photo I.D. will be required for these individuals to pick up your child.

Parents/Guardians

Mother's Name: _____

Home Phone: (____) _____

Work Phone: (____) _____

Cell Phone: (____) _____

Father's Name: _____

Home Phone: (____) _____

Work Phone: (____) _____

Cell Phone: (____) _____

Other People Authorized to Pick Up Your Child:

Name: _____ Relationship: _____

DL# _____ Phone: (____) _____

Address: _____

Name: _____ Relationship: _____

DL# _____ Phone: (____) _____

Address: _____

Name: _____ Relationship: _____

DL# _____ Phone: (____) _____

Address: _____

Name: _____ Relationship: _____

DL# _____ Phone: (____) _____

Address: _____

I do hereby authorize HOOPS Pat Burke's Training Facility, LLC to release my child to the above listed people in the event I am unable to pick him/her up myself.

Signature of Parent/Legal Guardian

Date