

Additional Authorized Pick-ups

Member's First Name:	Member's Last Name:
Date of Birth:	
Additional Authorized pick-ups:	
First Name:	Last Name:
Cell Phone:	Home Phone:
Relationship to member:	
First Name:	Last Name:
Cell Phone:	Home Phone:
Relationship to member:	
First Name:	Last Name:
Cell Phone:	Home Phone:
Relationship to member:	
First Name:	Last Name:
Cell Phone:	Home Phone:
Relationship to member:	
Parent Signature	Date