

Fit-n-Fun
Authorization Release Form

Please complete the following information authorizing the following individuals to pick-up your child from the Fit-n-Fun Program.

I, _____, authorize the following list of individuals to drop off
Parent/Guardian's Name
and/or pick up my child _____, to/from the Fit-n-Fun
Child's Name
Program.

Please complete the following information:

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

These adults understand that they must come into the Fit-n-Fun Program to sign my child in/out. They also understand that it will be necessary to show valid photo identification.

Signature of Parent/Guardian: _____ Date: _____