



BlackTop Kings and Queens Sports Academy
318 W. 19th St, Richmond, VA 23224
804-683-1864
www.btkqs.com

Afterschool Authorization/Release Form

Child's name: _____
School Attending: _____
Grade: _____
Teacher: _____

I, _____ (parent/ guardian) authorize _____ (name of school) to release _____ (child's name) to BlackTop Kings and Queens Youth Sports Academy located at 318 W. 19th St, Richmond, VA 23224, for their Afterschool basketball training program.

I, _____ (parent/guardian) authorize Manny Harris, Kelvin Belton, Frank Davis, and Angelena Gray as authorized individuals to pick up _____. Please add these names to the approved pickup list.

Parent/Legal Guardian Signature: _____ Date: _____

**Please check with your child's school to make sure no further documentation is needed prior to the first day of pickup.

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