



Authorized / Not Authorized to Pickup

Unit/Club: _____ /_____/_____
Date Membership Number

AUTHORIZED / NOT AUTHORIZED TO PICKUP INFORMATION

I, _____ certify that I have read and understand the Boys & Girls Club of
Highlands County Code of Conduct and Policy on arrival and departure. I hereby authorize the following
people to act on my behalf in picking up _____ from the Boys & Girls Club.
Child's Name

Authorized to Pickup

PLEASE PRINT

Phone

- | | | |
|----|-------|-------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |

NOT Authorized to Pickup (Full Name)

PLEASE PRINT

Reason

Document Provided

- | | | | |
|----|-------|-------|----------------|
| 1. | _____ | _____ | Circle: YES NO |
| 2. | _____ | _____ | Circle: YES NO |
| 3. | _____ | _____ | Circle: YES NO |

Parent/Guardian Signature _____

Print Name of Parent/Guardian _____

Date _____