



2019 Pick Up Plan

Return to: Leisure Center, 3323 Walters Avenue

Participant Name _____ Program Name _____

In addition to the individuals listed on the participant information form, I give permission for the following individual(s) to pick my child up from the program named above:

1. Name: _____ Cell: _____

2. Name: _____ Cell: _____

3. Name: _____ Cell: _____

4. Name: _____ Cell: _____

5. Name: _____ Cell: _____

6. Name: _____ Cell: _____

Parent/Guardian Signature _____ Date _____