

Bay Area Gymnastics Pick-Up Authorization List

Child's Name: _____

Parent/Guardian Name(s): _____

Are copies of custody/ restraining papers on file from child(ren)? ___ Yes ___ No

_____ has authorization to change/add persons authorized for pick-up

Emergency Contact: _____ Relationship: _____

Cell Phone: _____ Work Phone: _____

Emergency Contact: _____ Relationship: _____

Cell Phone: _____ Work Phone: _____

The following people are allowed to pick up this/these child(ren):

Name: _____ Phone: _____

Date Added: _____ Initial: _____

Name: _____ Phone: _____

Date Added: _____ Initial: _____

Name: _____ Phone: _____

Date Added: _____ Initial: _____

Name: _____ Phone: _____

Date Added: _____ Initial: _____

Name: _____ Phone: _____

Date Added: _____ Initial: _____