



of Memphis

Authorized Participant Pick-Up List

Participant's Name: _____

Parent's Name: _____

Please list the names of all those persons you authorize to pick-up your child and indicate their gender in the appropriate areas.

NOTE: All authorized persons must show picture identification when signing out a participant for pick up.

- | | | |
|-----------------|-------------|---------------|
| 1. Name: _____ | Male: _____ | Female: _____ |
| 2. Name: _____ | Male: _____ | Female: _____ |
| 3. Name: _____ | Male: _____ | Female: _____ |
| 4. Name: _____ | Male: _____ | Female: _____ |
| 5. Name: _____ | Male: _____ | Female: _____ |
| 6. Name: _____ | Male: _____ | Female: _____ |
| 7. Name: _____ | Male: _____ | Female: _____ |
| 8. Name: _____ | Male: _____ | Female: _____ |
| 9. Name: _____ | Male: _____ | Female: _____ |
| 10. Name: _____ | Male: _____ | Female: _____ |

Please give pertinent details of custody guidelines or special pick up instructions:

If you will be the only one picking up your child, please initial below and sign this form:

_____ I will be the only person picking up my child each day. If this changes I am responsible for informing Girls Inc. of Memphis of the change and adding the names to this list immediately.

By completing and signing this form you are helping us ensure your child leaves with only those persons you choose as responsible parties.

Parent's Signature: _____

Date: _____