



## PICK - UP AUTHORIZATION

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**Program Name:** KSU GMEA All-State Band Audition Clinic \_\_\_\_\_

**Date(s) of Program:** Saturday, December 7, 2019 \_\_\_\_\_

**Participant Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Parent/Guardian Names:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

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### Authorized Pick-Up

Please list any individual **other than yourself** who is authorized to pick up your child (Participant). Authorized individuals must be at least 16 years of age, must pick up the Participant in person, and may be requested to show identification to program staff. The Participant **will not** be permitted to leave the program with anyone who is not listed below or who does not provide acceptable identification upon request.

I authorize the following responsible person(s) to pick up my child from the Program (you may write additional names and information on the back of this Pick-Up Authorization Form as needed):

Authorized Person	Phone Number	Relationship to Child
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please note that the Participant must be picked up by designated Program times. If an authorized adult is unable to be reached, Program staff will contact the local police department as a last resort to take the Participant home. If you are not at home, the Participant will be released to the Division of Family and Children Services.

Please contact the Program at any time if you need to update this Pick-Up Authorization Form.

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### Authorized Dismissal (FOR CHILDREN 16 YEARS OR OLDER)

\_\_\_\_\_ **INITIAL HERE ONLY IF** your child is at least 16 years of age and will be responsible for his/her own transportation to and from the Program, and may sign himself/herself out at the end of the Program

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**Signature of Parent/Guardian:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_