

# Fit-n-Fun Authorization Release Form

Please complete the following information authorizing the following individuals to pick-up your child from the Fit-n-Fun Program.

I, \_\_\_\_\_, authorize the following list of individuals to drop off  
Parent/Guardian's Name  
and/or pick up my child \_\_\_\_\_, to/from the Fit-n-Fun  
Child's Name  
Program.

## Please complete the following information:

Name: _____	Relationship to Child: _____	
Address: _____	City: _____	
State: _____	Zip Code: _____	Phone: (____) _____
Alternate Phone: (____) _____	Cell Phone: (____) _____	

Name: _____	Relationship to Child: _____	
Address: _____	City: _____	
State: _____	Zip Code: _____	Phone: (____) _____
Alternate Phone: (____) _____	Cell Phone: (____) _____	

Name: _____	Relationship to Child: _____	
Address: _____	City: _____	
State: _____	Zip Code: _____	Phone: (____) _____
Alternate Phone: (____) _____	Cell Phone: (____) _____	

These adults understand that they must come into the Fit-n-Fun Program to sign my child in/out. They also understand that it will be necessary to show valid photo identification.

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