

Authorized Pickup and Medical Information

Authorized Pickup

Authorized Pick Up individuals must be a minimum of 16 yrs old with a VALID license. The License address will be verified during the Pick Up Process.

Pickup Person 1 Name: _____

Pickup Person 1 Relationship:

(Select only one option)

- Parent/Guardian
- Grandparent
- Other Relative
- Friend
- Nanny/Babysitter

Pickup Person 1 Address:

Street: _____

Address Line 2: _____

City, State, Zip: _____

Pickup Person 1 Primary Phone: () - _____

Pickup Person 1 Alternate Phone: () - _____

Pickup Person 2 Name: _____

Pickup Person 2 Relationship:

(Select only one option)

- Parent/Guardian
- Grandparent
- Other Relative
- Friend
- Nanny/Babysitter

Pickup Person 2 Address:

Authorized Pickup and Medical Information

Street: _____
Address Line 2: _____
City, State, Zip: _____

Pickup Person 2 Primary Phone: () - _____

Pickup Person 2 Alternate Phone: () - _____

Pickup Person 3 Name: _____

Pickup Person 3 Relationship:

(Select only one option)

- Parent/Guardian
- Grandparent
- Other Relative
- Friend
- Nanny/Babysitter

Pickup Person 3 Address:

Street: _____
Address Line 2: _____
City, State, Zip: _____

Pickup Person 3 Primary Phone: () - _____

Pickup Person 3 Alternate Phone: () - _____

Medical Information

Allergies, disabilities or other illness that would affect "normal" participation (Required):

Example: Bee Allergy - Requires Epi Pen or Scoliosis - Cannot carry things on their back. If none type NA

Authorized Pickup and Medical Information

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Is your child currently on any medication (Required):

If none type NA. Please be aware that we do not help the children take any medication we just need to be aware should an incident arise.

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For Hospital Information Only

Should an Emergency situation occur where the parent/guardian/emergency contact cannot be reached and a patron needs to go to the emergency room the Doctors information will be provided to help the patron receive the best possible care.

Primary Doctors Name: _____

Primary Doctors Phone: () - _____

I understand that the above information is correct to the best of my knowledge and I understand that it is my responsibility to inform Belmont Parks & Recreation if there are any changes during the Program period.

I understand the cancellation/refund policy is strictly enforced. If program is cancelled by the Department,

you will be notified with full refund. I also understand that if I miss any of the classes, I may not be able to

get a refund and/or an administrative fee may be deducted. As a parent, guardian, or participant, I allow the

Belmont Parks & Recreation Department to take my picture and use it for advertising and promotional purposes. I understand if the patron I am registering CANNOT have their photo used for these purposes I must contact Belmont Parks & Recreation to inform them.

Print Name (Required): _____

Signature (Required): _____