

Persons authorized to pick up the Child or Youth in case of emergency. Include first and last name and street address.

1. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Phone Number (During program hours): \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
2. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Phone Number (During program hours): \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
3. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Phone Number (During program hours): \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
4. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Phone Number (During program hours): \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
5. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Phone Number (During program hours): \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
6. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Phone Number (During program hours): \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
7. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Phone Number (During program hours): \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
8. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Phone Number (During program hours): \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_