

National Trail Parks and Recreation District

1301 Mitchell Blvd
Springfield, Ohio 45503
937-328-7275

PICK-UP AND SIGN-OUT AUTHORIZATION FORM

Please list the people you authorize to pick-up and sign-out your child from National Trail Parks and Recreation District programs. Please inform these individuals that they will be required to present a photo ID when picking up the child. The individuals listed will also be contacted in the case of an emergency if the parent/guardian cannot be reached. **This form will be kept on file for one year. Parents/Guardians are responsible for informing staff of any information changes or updates.**

Child's Name _____

Child's Name _____

Child's Name _____

1. Name _____ Relation to Child _____

Phone (H) _____ (W) _____ Other _____

Address _____
Street City State Zip

2. Name _____ Relation to Child _____

Phone (H) _____ (W) _____ Other _____

Address _____
Street City State Zip

3. Name _____ Relation to Child _____

Phone (H) _____ (W) _____ Other _____

Address _____
Street City State Zip

Is there anyone who may NOT pick-up your child? _____

Are there any special custody or visitation arrangements which we should be aware of?

Please attach a copy of legal documentation if necessary

I understand that the NTPRD Staff will not release my child to anyone who is not listed above. I also realize that the people on this list may be asked to produce photo identification upon signing out my child. In the event that any of this information changes, I will notify the NTPRD staff in writing. Repeated abuse of late pick-ups may result in late fees or loss of privileges.

Parent/Guardian Signature _____ Date _____