

PICK UP AUTHORIZATION FORM And SWIM PERMISSION FORM



REQUIRED FOR EACH SUMMER PROGRAM PARTICIPANT

Parent Name: Last	First	
Child's Name: Last	First	
Present Grade: Gi	roup Color: Gender	: M F Age:
MERGENCY Phone:	HOME Phone: _	
Manalapan Recreation Summer Recrindividuals only. Govern	be at least 18 years of age) are author eation Program. I understand my chil ment issued photo identification will nt's names must be listed for pic	d will be allowed to leave with the be required at sign out.
Authorized Person's Name including parent/guardians (please print name as it appears on photo identification)	Relationship to Child	Phone Number
Nove of consequents NOT allowed to		
• • • • • • • • • • • • • • • • • • • •	pick up child (appropriate custody pap not allowed to pick up their own child)	•
Person's Name	Relationship to Child	Phone Number
Recreation Program I do NOT give my permissi swim trips. arent/Guardian Signature:	Swim Permission Form y child to take part in all swimming ion for my child to take part in the 2	019 Summer Recreation Progran
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