

North Peace Gymnastics Association
PICK UP AUTHORIZATION FORM
Fort St. John, BC

CHILD(REN) NAME: _____

PERSON(S) AUTHORIZED TO PICK UP MY CHILD AND OR BE CONTACTED IN
CASE OF AN EMERGENCY. (PLEASE INCLUDE PARENT/GUARDIANS)

1. NAME: _____

ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

RELATIONSHIP TO CHILD(REN): _____

2. NAME: _____

ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

RELATIONSHIP TO CHILD(REN): _____

3. NAME: _____

ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

RELATIONSHIP TO CHILD(REN): _____

4. NAME: _____

ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

RELATIONSHIP TO CHILD(REN): _____