

**EAST BRUNSWICK**  
**RECREATION & PARKS**

**Daisy Programs**  
**AUTHORIZATION FOR PICK UP FORM**

**Participant's Name:** \_\_\_\_\_ **Program Name:** \_\_\_\_\_

The following individuals are authorized to pick up the above participant from the East Brunswick Recreation Daisy Programs.  
Please list the names, relationships, and phone numbers of those people, including friends, neighbors, relatives, etc., who you may ask to pick up  
your child at any of the Daisy Programs.

You **MUST** notify us in advance that someone other than the parent/guardian we know will be picking up your child. **They MUST bring their driver's license/photo ID with them.**  
**IT IS YOUR RESPONSIBILITY TO NOTIFY US OF ANY CHANGES TO THIS LIST.**

<u>Relationship to Participant</u>	<u>Name</u>	<u>Home Phone</u>	<u>Work Phone</u>	<u>Cell Phone</u>
Mother/Guardian				
Father/Guardian				

**Parent/Guardian's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_