



MECKLENBURG COUNTY

Park and Recreation Department
Therapeutic Recreation Division

Authorization to Pick Up Participant

I, (print name) _____

authorize the following person(s) to pick up the participant(s) named below from the following listed program, activity or event sponsored by the Mecklenburg County Park and Recreation Department, Therapeutic Recreation Division. I understand and agree that participant(s) will not be released to anyone who is not listed on this form.

Name(s) of Participant(s): _____

Program / Activity / Event: _____

Person(s) Authorized to Pick Up Participant(s)

1. _____
2. _____
3. _____
4. _____
5. _____

Signature of Parent / Legal Guardian: _____

Date: _____

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www.parkandrec.com

All services are available without regard to origin, sex, or disability