



Foster City Parks and Recreation Department  
Youth Program

Participant/Parent Sign-Out Form

For the safety and security of your child, we require parents/guardians to indicate who is eligible to pick up/drop off children from a Foster City Youth Programming location. If you will be the only person picking your child up please indicated this on the form below. Persons NOT included on this list will NOT be allowed to pick a child up from the scheduled programs. Prior written approval must be given if anyone other than those listed on the form will be picking up your child for the day.

*PLEASE BE PREPARED TO SHOW PHOTO ID, IF WE ARE NOT FAMILIAR WITH YOU*

- I will be the only person picking up my child from this program. I will submit written approval, prior to the program starting, if someone else will be picking up my child in my place.

I \_\_\_\_\_ give permission for the following adults  
*(Parent/Guardian's Name)*

to sign-out my child \_\_\_\_\_ from Foster City Parks and  
*(Child's Name)*  
Recreation Department's Afterschool Recreation Care (ARC) program from

August 17, 2016 – June 16, 2017.

1.) Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

2.) Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

3.) Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

4.) Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

5.) Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Please update your child's form regularly!***