

WINFIELD ARTS & CRAFTS YOUTH RECREATION PROGRAM

PARTICIPANT/PARENT SIGN-IN AND OUT FORM

The Winfield Mutual Housing Corporation Insurance Agent requires the following. For the safety of your child (children), we require parents/guardians to indicate who is eligible to pick up/drop off children from the Winfield Recreation Program location. If you will be the only person picking up or dropping your child (children) off, please indicate on the form below. Persons **NOT** included on this list **WILL NOT** be allowed to pick up or drop off a child from the scheduled programs. Prior written approval must be given if anyone other than those listed will be picking up your child (children).

PLEASE BE PREPARED TO SHOW PHOTO ID

I _____ give permission for the following adults to sign in and out my children from Winfield Recreation.

Parent/Guardian: _____ Relationship to child: _____
Address: _____ Home Phone: _____
_____ Cell Phone: _____

Parent/Guardian: _____ Relationship to child: _____
Address: _____ Home Phone: _____
_____ Cell Phone: _____

Child's Full Name: _____
Address: _____ Home Phone: _____
Cell Phone: _____ Age & Grade: _____

Child's Full Name: _____
Address: _____ Home Phone: _____
Cell Phone: _____ Age & Grade: _____

Child's Full Name: _____
Address: _____ Home Phone: _____
Cell Phone: _____ Age & Grade: _____

Child's Full Name: _____
Address: _____ Home Phone: _____
Cell Phone: _____ Age & Grade: _____

Parent/Guardian Signature: _____
Date: _____

PLEASE UPDATE YOUR CHILD'S FORM REGULARLY!

If not filled out, Recreation will be denied your child (children). This is critical for Insurance purposes. We jeopardize our Recreation Program if this criteria is not followed.

OVER

