



**YMCA of Metropolitan Chicago**  
**Youth Program Pick Up/Drop Off Information**

Indicate approximate arrival time (Drop off):

\_\_\_\_\_

Indicate approximate departure time (Pick up):

\_\_\_\_\_

**IMPORTANT: MUST BE COMPLETED FOR ATTENDANCE**

I, \_\_\_\_\_ authorize the following people to pick up my child and be contacted in the event of an emergency from the \_\_\_\_\_ YMCA. In doing so, I relieve the YMCA of Metropolitan Chicago, its centers and employees of all responsibility for my child after he/she has been released from the program. *Attempts will be made to reach the parent/legal guardian first.*

**Additional people who are authorized to pick up my child (Identification will be required)**

1.) Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
CellPhone(\_\_\_\_\_) \_\_\_\_\_ HomePhone(\_\_\_\_\_) \_\_\_\_\_  
Work Phone (\_\_\_\_\_) \_\_\_\_\_

2.) Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
CellPhone(\_\_\_\_\_) \_\_\_\_\_ HomePhone(\_\_\_\_\_) \_\_\_\_\_  
Work Phone (\_\_\_\_\_) \_\_\_\_\_

3.) Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
CellPhone(\_\_\_\_\_) \_\_\_\_\_ HomePhone(\_\_\_\_\_) \_\_\_\_\_  
Work Phone (\_\_\_\_\_) \_\_\_\_\_

4.) Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
CellPhone(\_\_\_\_\_) \_\_\_\_\_ HomePhone(\_\_\_\_\_) \_\_\_\_\_  
Work Phone (\_\_\_\_\_) \_\_\_\_\_

**Unauthorized Pick-Up: People who CANNOT pick up your child from a YMCA youth program:**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
1.) \_\_\_\_\_  
2.) \_\_\_\_\_  
3.) \_\_\_\_\_