



	_ (Program Name)
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SIGN-IN/OUT AUTHORIZATION - AGE WAIVER REQUEST

Completing this waiver request does not guarantee the request will be approved. Minimum age that will be considered for a waiver request for an individual authorized to pick up or drop off a program participant is age 11.

This letter is confirming approval for			(authorized individual) age,				
				be authorized to sign in and out			
(Participant Name) from the specified pro						exception to the	
minimum ag	ge requirement of 14	1.		•		·	
Note: The	PACT online registro	ation form 'autho	rized Pick-up List' so	ection must also b	e updated.		
REASON:							
Below, for e	each specific day, list	the times the autl	norized person will	be dropping off or	picking up your c	hild:	
<u>Sign-In Authorization</u>			Parent/Guardian Initials:				
Start Date:		End Date:					
_	 (s)/Time(s) – No late						
Days	Monday	Tuesday	Wednesday	Thursday	Friday		
Time	in						
	-						
<u>Sign-Out Au</u>	<u>thorization</u>		Parent/Guard	dian Initials:			
Start Date: _		End Date:					
Sign-Out Da	ny(s)/Time(s) – No ea			ľ			
Days	Monday	Tuesday	Wednesday	Thursday	Friday		
Time	out						
I hereby aut	thorize, the above-na	amed person, to si	gn my child in and/	or out (within the	dates and times li	sted above). I	
•	that the City of Seat	•	-				
associated o	officers, employees,	and volunteers are	not responsible fo	r my child prior to	sign-in nor after s	sign-out from the	
program.							
Davant/Cua	udian Cianatura		wort/Cuardian Nam	a Duinto d	- Doto		
Parent/Guardian Signature		P	Parent/Guardian Name Printed		Date		
Authorized Individual Signature			Authorized Individual Name Printed		- ———— Date		
	*******					*********	
 Site Staff Signature			Staff Name Printed				
عادد عرماا كال	gnature	31	an Name Pilited		Date		
ADC ACC :				7			
ARC AOS Approval		Date	e SPR Zone Manager approval Date		Date		