KNIGHTDALE POLICE ATHLETICS/ACTIVITIES LEAGUE

RELEASE/PICKUP FORM

Please complete and return to the Knightdale Police Department

Student's Name: _____

Parent/Guardian: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Please list no more than 2 alternate individuals who have your permission to pick up your child from Knightdale Police Athletics/Activities League functions. This form may only be updated in person by the Parent/Guardian listed above.

Name	Home Phone	Cell Phone

PLEASE BE PREPARED TO SHOW IDENTIFICATION

I, the undersigned parent or legal guardian of _____, do hereby state that I received, read, and discussed with my child(ren), a copy of the Knightdale Police Athletics/Activities League Handbook as it pertains to the timely pickup of league participants. My child(ren) and I agree to abide by the guidelines described in the handbook and understand that failure to comply with such guidelines may be cause for dismissal from the program.

I also acknowledge that only the individuals listed above have my permission to pick up my child(ren) from the summer camp program sponsored by the Knightdale Police Department in my absence.

Signature of parent/legal guardian: _____

Date: _____