



Pleasant Dale Park District
Authorization for Pick Up

(1) Child's Name _____ Child's birth date _____

(2) Child's Name _____ Child's birth date _____

(3) Child's Name _____ Child's birth date _____

The following individuals are authorized to pick up my child(ren) from Pleasant Dale Park District Extra Innings Program:

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Authorized individuals must show a photo ID at the time of pick up.

The following individuals are NOT AUTHORIZED to pick up my child(ren):

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Please call and inform the park district of any changes to these forms.

Parent/Guardian Signature _____ Date _____