

Pick up Agreement/Photo Consent Form 2009

1. I, _____ the parent/guardian of _____
(your name) (child's name)
will drop off and pick up my child from the Sensational Program: _____
(name of activities)

2. In the event of an emergency and I am not available to pick up my child. I give my permission for:

_____, _____, _____
(adult's name) (phone/cell #) (relation to child)
to pick up my child from the Sensational Program.

3. Do you give permission for your child (ren) photos to be taken during the Sensational Program? The Central Islip Civic Council will use these photos in our CI Today newsletters, The Central Islip Civic Council website, our scrap books, photo albums and/or in local newspapers/flyer advertisements?

_____ **Yes**, I do give my parental/guardian permission.

_____ **No**, I do not give my parental/guardian permission.

My signature below indicates the acceptance, understanding and acknowledgement of this agreement.

Parent/Guardian – Print

Signature

Today's Date