



**GRENVILLE BAKER  
BOYS & GIRLS CLUB**

**Pick-Up Authorization**

Please fill out form completely and return to the Front Desk at GBBGC. This completed form allows all persons listed below permission to pick up said member at any given time unless specified.

**Member Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Parent Information**

1. Parent/Guardian First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work: \_\_\_\_\_  
2. Parent/Guardian First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work: \_\_\_\_\_

**Additional Pick-Up Contact**

1. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work: \_\_\_\_\_  
Relationship to Member: \_\_\_\_\_  
2. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work: \_\_\_\_\_  
Relationship to Member: \_\_\_\_\_

**By signing this, you are allowing your child to be picked up by the authorized adults above as indicated by you the parent/guardian.**

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**