



The Excellence Training Center
Youngstown State University



Pick Up Authorization Form

Child's Name: _____

Parent/Guardian Name: _____

The people listed below have my permission to pick up my child from the Excellence Training Center Junior Engineers Summer Camp.

Name	Phone Number	Relationship to child	When
			<input type="checkbox"/> This date only: _____ <input type="checkbox"/> Any time
			<input type="checkbox"/> This date only: _____ <input type="checkbox"/> Any time
			<input type="checkbox"/> This date only: _____ <input type="checkbox"/> Any time
			<input type="checkbox"/> This date only: _____ <input type="checkbox"/> Any time
			<input type="checkbox"/> This date only: _____ <input type="checkbox"/> Any time

Parent/Guardian Signature

Date