

Authorization to Release Form

Name of Child _____ Age _____

Please list below names of all individuals authorized by you to pick up your child from any Fryeburg Recreation Program for the summer of ~~2008~~ 2010

<u>Name</u>	<u>Address</u>	<u>Phone #</u>
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I hereby authorize Fryeburg Recreation Department and/or its staff to release my child for pick up to any of the names listed above.

Parent/Guardian Signature

Date