Authorization to Release Form

Name of Child		_ Age
Please list below names	of individuals authorize	d to pick up your child
from any Fryeburg Recre	eation Programs for the	summer of 2017
<u>NAME</u>	<u>ADDRESS</u>	PHONE #
Please ck off here their bike.	e if your child will be sho	wing up by walking or riding
Signature of parent / gua	ardian	Date