



**Spirit Sprinters**  
Pick Up Authorization Form  
Spring 2016

Participant Name: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

Because Spirit Sprinters is responsible for the safety and wellbeing of your child, we ask that you let us know who, in addition to yourself, is authorized to pick up your child at the end of a Spirit Sprinters session. Please indicate below the name/address, relationship, and phone number of each person you are authorizing to pick up your child. Thank you.

Name/Address	Phone Number	Relationship to Runner
1.		
2.		
3.		
4.		

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date