



_____ (Program Name)

SIGN-IN/OUT AUTHORIZATION - AGE WAIVER REQUEST

Completing this waiver request does not guarantee the request will be approved. Minimum age that will be considered for a waiver request for an individual authorized to pick up or drop off a program participant is age 11.

This letter is confirming approval for _______ (authorized individual) age ______, whose date of birth is ______ (date of birth), to be authorized to sign in and out

(Participant Name) from the specified program as an exception to the

minimum age requirement of 14.

Note: The ePACT online registration form 'authorized Pick-up List' section must also be updated.

REASON:

Below, for each specific day, list the times the authorized person will be dropping off or picking up your child:

Sign-In Authorization

Parent/Guardian Initials: _____

Start Date: ______ End Date: ______

Sign-In Day(s)/Time(s) – No later than the time listed.

Days	Monday	Tuesday	Wednesday	Thursday	Friday
Time in					

Sign-Out Authorization

Parent/Guardian Initials: _____

Start Date: ______ End Date: ______

Sign-Out Day(s)/Time(s) – No earlier than the time listed.

Da	iys	Monday	Tuesday	Wednesday	Thursday	Friday
Tin	me out					

I hereby authorize, the above-named person, to sign my child in and/or out (within the dates and times listed above). I understand that the City of Seattle, Seattle Department of Parks and Recreation, Associated Recreation Council, and their associated officers, employees, and volunteers are not responsible for my child prior to sign-in nor after sign-out from the program.

Parent/Guardian Signature	Parent,	/Guardian Name Printed	Date		
Authorized Individual Signature		ized Individual Name Printed ************************************	Date	*****	
Site Staff Signature	Staff N	Staff Name Printed		Date	
ARC AOS Approval	Date	SPR Zone Manager approv	val	Date	

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