

Revolution Academy – Participant Pick-Up Permission Form

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Fill out this form if someone other than a Parent/Guardian will pick up your child(ren) from the Revolution Academy Program.

I, _____, give permission for
(Parent's Name)

_____, to be picked up from
(Participant's Name)

The Revolution Academy on _____ by _____ .
(Date) (Pick-Up Person's Name)

I assume full responsibility for any illness, injury, or accident occurring after my child is released from The Revolution Academy to the individual(s) named on this form.

Parent/Guardian Signature: _____ Date: _____

Person(s) picking up your son or daughter Signature*: _____ Date: _____

***Photo Identification is required for person picking up your son or daughter.**