**East Bay Rec Summer Clinics Player Pick-Up and Drop-Off Release Form**

**Player Information:**

Player Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Camp Group: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Pick-Up Authorization:**

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ the undersigned parent/guardian, hereby authorize the designated coach from East Bay Recreational Softball League to pick up my child from the Bristol Parks and Rec Camp and walk them to the East Bay Summer Clinics. I also authorize the coach to walk my child back to Bristol Parks and Rec Camp after the clinic.

**Pick-Up and Drop-Off Details:**

Pick-Up Time from Camp: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Drop-Off Time at Camp: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Coach Information:**

Coach Name: Charlene Ferreira

Coach Contact Number: 401-497-5294

Acknowledgment and Release: I understand that the designated coach from East Bay Recreational Softball League will be responsible for the safety and supervision of my child during the pick-up and drop-off process. I release East Bay Recreational Softball League, its coaches, and staff from any liability that may arise during the transportation of my child between the camp and the clinic. \*\*

**Parent/Guardian Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return this completed form before the first clinic session. If you have any questions or need further assistance, please contact Charlene Ferreira 401-497-5294 Thank you for your cooperation!

Best regards,

Charlene Ferreira

East Bay Recreational Softball League

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