

Science Kids' Release Form



Name of Child - _____
Program – Ridley Science Kids Program

My Child may be picked up by *

(Name of person(s) who will be picking up child)

(Phone No. of same person)

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

I understand that I accept all responsibility for my child and his/her belongings once they leave the 4H Center grounds.

Signature _____

Date _____

(Parent or Guardian)

Emergency Phone numbers

Home (____) _____

Work (____) _____

Cell (____) _____