Pinetree Community Centre

Participant Sign-In & Leaving   Independently

Program Name: _____ **Program Dates:** _____

Participant Name: _____

Date of Birth: _____ **Age:** _____

Parent / Guardian: _____

Relationship to Participant: _____

Home #: _____ **Work / Cell #:** _____

➢ **SAFETY POLICY** : Participants are to be signed in and picked up by a parent / guardian (as listed above) at the end of each day. **Any exceptions to this, must first be approved by a Supervisor.**

➢ By checking off the following day/date/times, I authorize him/her to sign him/herself IN and OUT of the program.

❑ MONDAY: _____ ❑ Sign-In ❑ Leaving Independently
(date)

❑ TUESDAY: _____ ❑ Sign-In ❑ Leaving Independently
(date)

❑ WEDNESDAY: _____ ❑ Sign-In ❑ Leaving
Independently
(date)

❑ THURSDAY: _____ ❑ Sign-In ❑ Leaving Independently
(date)

❑ FRIDAY: _____ ❑ Sign-In ❑ Leaving Independently
(date)

❑ SATURDAY: _____ ❑ Sign-In ❑ Leaving Independently
(date)

❑ SUNDAY: _____ ❑ Sign-In ❑ Leaving Independently
(date)

Parent/Guardian Signature:

X_____

Date: _____

Coquitlam