

ORLEANS AFTER SCHOOL PROGRAM

46 Eldredge Parkway

Orleans, Ma 02653

I, \_\_\_\_\_ authorize my child, \_\_\_\_\_  
(Parent/Guardian's name) (child's name)

to leave the program. This permission is starting \_\_\_\_\_ and will end (date)  
\_\_\_\_\_. (date)

\*Name of coach: \_\_\_\_\_

Activity/Sport	Day of the week	Practice Start Time	Practice End Time

I recognize that my child will not be supervised by OASAP while he/she is away from the program, and that OASAP staff is not responsible for my child during these times. Children may not return to OASAP after they have been released to a sports program.

- It is the parent's responsibility to pick up their child from the sports program.

OASAP staff will only dismiss my child to the activity once the adult in charge has arrived.

\_\_\_\_\_

Parent/Guardian's signature

date