



Sharon Recreation Department

219 Massapoag Ave., Sharon, Massachusetts 02067

Phone: 781-784-1530 x304 Fax: 781-784-1532

Web: www.sharonrec.com

MASSAPOAG SPORTS/SAILING PROGRAM- 2019 AUTHORIZATION FOR SELF-DISMISSAL

NAME OF CAMPER: _____ DATE: _____

I authorize the Sharon Recreation Department's Massapoag Sports program counselor to let my child be able to sign him/herself out of the program so they can do the following:

(Please check all/any that applies)

Walk home Ride his/her bike home Go home with a friend

Go home with another family member

The following person(s) are authorized to bring your child home:

Is there anyone who is NOT authorized to bring your child home?

Yes No

If Yes, what is their name?

As a parent/guardian, I am fully aware that my child will be unsupervised after the program is over. At no time will I hold the Sharon Recreation Department liable for my child's whereabouts after 4:00pm. On behalf of the Sharon Recreation Department's summer staff, a child **WILL NOT** be released without this signed form.

PARENT/GUARDIAN NAME: _____

PARENT/GUARDIAN SIGNATURE: _____

PARENT/GUARDIAN PHONE: _____

SHARON RECREATION STAFF SIGNATURE: _____