



CITY OF NEWPORT BEACH  
RECREATION & SENIOR SERVICES DEPT.  
949.644.3151 | NEWPORTBEACHCA.GOV  
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# GOING HOME SLIP

Camp/Class Name: \_\_\_\_\_

Participant's Name: \_\_\_\_\_

Participants DOB: \_\_\_\_\_

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

Parent/Guardian Phone: \_\_\_\_\_

Parent Guardian Email: \_\_\_\_\_

I, \_\_\_\_\_ parent/guardian of  
\_\_\_\_\_ authorize my child to  
be released by the instructor at the end of camp/class so that  
they may use to following alternative transportation:

AUTHORIZED PICK-UP  
NAME: \_\_\_\_\_

RIDE/BIKE HOME

WALK HOME

OTHER: \_\_\_\_\_

PARENT GUARDIAN SIGNATURE:

\_\_\_\_\_  
PRINTED NAME:

\_\_\_\_\_  
DATE:

\_\_\_\_\_