



CITY OF DELANO RECREATION DEPARTMENT
925 ELLINGTON STREET, DELANO, CALIFORNIA 93215 • PHONE 661-721-3335 ~ FAX: 661-720-9760

EMERGENCY / AUTHORISED RELEASE FORM

Sport / Program Name: _____

(Child / Dependent Name) First: _____ Last: _____ Birth Date: ____/____/____

Please list the names of all possible persons to whom the Delano Recreation Department can release your child / dependent to if parent / guardian is unavailable to pick up or cannot be contacted.

- List contacts in the order that you would like them to be contacted in the event of an emergency.
- *Contacts must provide picture ID before child / dependent is released to them.*

1. (Contact Name) First: _____ Last: _____ Relationship to child: _____

Phone: _____ can this person be contacted in case of an emergency? Yes / No

2. (Contact Name) First: _____ Last: _____ Relationship to child: _____

Phone: _____ can this person be contacted in case of an emergency? Yes / No

3. (Contact Name) First: _____ Last: _____ Relationship to child: _____

Phone: _____ can this person be contacted in case of an emergency? Yes / No

4. (Contact Name) First: _____ Last: _____ Relationship to child: _____

Phone: _____ can this person be contacted in case of an emergency? Yes / No

5. (Contact Name) First: _____ Last: _____ Relationship to child: _____

Phone: _____ can this person be contacted in case of an emergency? Yes / No

Print name of parent / guardian: _____ Signature: _____ Date: _____