

Student Pick Up Authorization Form

Parents/legal guardians must present this form with a valid picture ID to the coordinator on or prior to the first day of the Summer Computing Academy (SCA).

SCA participant's name (Please print): _____

Participant's Date of birth: _____

It is the preferred practice of the SCA for a parent or legal guardian to escort the child to and from Zachary Engineering Education Complex each day. SCA drop-off times are between 8:00 AM and 8:30 AM in the morning and pick-up times are between 4:30 to 5:00 PM in the evening. Please be prepared to show photo identification to a staff member. Parents / Legal Guardians may designate individuals to accompany their child to and from the SCA. If you are designating adults to pick up your child, please complete the accompanying Designated Individual information sheet as well.

Please list the names of parents and all designated individuals allowed to pick up your child here.

Name of Adult Phone Number Relationship to Student

Parent / Legal guardian / Other (Please Specify)

1. _____
2. _____
3. _____
4. _____

Parents / Legal Guardians may authorize their child to leave the SCA on their own accord. **Please select:**

I allow my child to leave the SCA on his/her own accord. I acknowledge and recognize that Texas A&M University HPRC and its staff do not supervise the entry and exit of minors, and will not supervise the entry and exit of my child, at the facilities where the SCA activities are held. I hereby release, discharge and indemnify Texas A&M University HPRC, its administration, staff, employees, officers, directors, volunteers, insurers, agents, and representatives from any and all claims, causes of action, liability or damages, including claims for bodily injury or death, arising out of, or relating to, the arrival and/or departure of my child in and out of SCA classes, including claims arising out of or relating to the negligence of Texas A&M University HPRC, its administration, staff, employees, officers, directors, volunteers, insurers, agents, and representatives.

I do not authorize my child to leave the SCA unless accompanied by a designated adult.

Parent/Legal Guardian's Signature: _____ **Date:** _____

_____ **Parent/Legal Guardian's Printed Name:**

_____ **Parent/ Legal Guardian's Address:** Street

Address: _____ Apartment Number: _____

City: _____ State: _____ Zip Code: _____

Texas A&M University HPRC Summer Computing Academy (979) 845-0219

SCA Designated Individuals Information Sheet

Designated Individual 1 Printed Name: _____

Designated Individual's Address: Street Address:

_____ Apartment Number: _____ City:

_____ State: _____ Zip Code: _____

Designated Individual 2 Printed Name: _____

Designated Individual's Address: Street Address:

_____ Apartment Number: _____ City:

_____ State: _____ Zip Code: _____

Designated Individual 3 Printed Name: _____

Designated Individual's Address: Street Address:

_____ Apartment Number: _____ City:

_____ State: _____ Zip Code: _____

Designated Individual 4 Printed Name: _____

Designated Individual's Address: Street Address:

_____ Apartment Number: _____ City:

_____ State: _____ Zip Code: _____