

GOING HOME FORM

NEWPORT BEACH RECREATION & SENIOR SERVICES DEPARTMENT



PARTICIPANT INFORMATION

Camp/Class Name :

Participant's Name :

Participant's DOB :

Parent/Guardian Name :

Parent/Guardian Phone :

Parent/Guardian Email :

ALTERNATIVE TRANSPORTATION

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

Authorized Pick-Up Name :

Ride Bike Home

Walk Home

Other :

Parent/Guardian Signature:

Date:

Parent/Guardian Printed Name:

NEWPORT BEACH RECREATION & SENIOR SERVICES DEPARTMENT

949-644-3151 • recreation@newportbeachca.gov

newportbeachca.gov/recreation

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