



PADDLEBOSTON.COM 617-965-5110 contact@paddleboston.com

Parent Authorization to Leave the Teen Adventure Program

My child _____ will be coming to or leaving from the Teen
(name of child)

Adventure program on the following days of the program without a Parent or Guardian:

Dates of Program: __/__/____ - __/__/____

Monday AM PM

Tuesday AM PM

Wednesday AM PM

By signing this form I give the program staff the authority to release my child after the program concludes for each PM time slot that is checked.

Signature of Parent/Guardian _____ Date: __/__/____