

Pick up Authorization Form

I, _____ authorize my child(ren), _____

_____, _____

To be released from Coral Reef Gymnastics & Cheer to the following individuals:

1. _____ Phone # (_____) _____

2. _____ Phone # (_____) _____

3. _____ Phone # (_____) _____

I will inform the above listed individuals that they must present a valid driver's license and
PASSWORD in order for my child(ren) to be released into their custody.

PASSWORD : _____

Password hint: _____

Credit Card Authorization Form

All fees must be paid for the session your child is scheduled to attend.

No child will be able to participate with any outstanding balances.

In order to avoid this situation, you may authorize Coral Reef Gymnastics & Cheer
to use your credit card to pay any monthly or session fees due.

Last Name: _____ First Name: _____

Credit Card #: _____ Exp Date: _____

Name on Card: _____ Type of Card _____

Signature: _____

Payment Information

Office Use Only Total Amount Due: \$ _____

Payment Method:

____ Cash ____ Check # _____ CC



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