

## YOUTH PARTICIPANT SIGN-IN/OUT SHEET

Youth Program: \_\_\_\_\_

Location: \_\_\_\_\_

Date: \_\_\_\_\_

Participant Name	Sign In	Sign Out
	Date and Time: _____ <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Self-Sign <input type="checkbox"/> Designated Adult Signature: _____	Date and Time: _____ <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Self-Sign <input type="checkbox"/> Designated Adult Signature: _____
Parent/Guardian:	Alternative Adults with Permission to Transport <div style="display: flex; justify-content: space-around;"> <span>1.</span> <span>2.</span> <span>3.</span> </div>	
	Date and Time: _____ <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Self-Sign <input type="checkbox"/> Designated Adult Signature: _____	Date and Time: _____ <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Self-Sign <input type="checkbox"/> Designated Adult Signature: _____
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