

Student Name:	
Parent/Guardian #1: _	
Parent/Guardian #2: _	

Please fill in the following sections and sign and date at the bottom of the page:

	Permission for Alternate Sign-Out	
I give permission for:		
3 - 1		
		
to sign my child(ren) out from	CHEC supervision and from that time assume full responsibility for his/	
her/their safety. The person(s	named above may remove my child(ren) from the premises.	
	Parent/Guardian Initial Here:	
<u>Teen Sign-Out Waiver</u>		
I certify that my child(ren)	and and	
	re at least 13 years of age. I wish to waive the CHEC sign-in and sign-	
·	en). I understand that if this form is filed with CHEC, no effort of	
• • • • • • • • • • • • • • • • • • • •	efore or after the stated hours of the child(ren)'s class(es) will be	
	such supervision is required from the CHEC staff or teachers. The	
, , ,	ve in a mature, responsible manner when on the CHEC premises and	
unsupervised, or this waiver r	lay be revoked by ChEC.	
	Parent/Guardian Initial Here:	
Parent/Guardian Signature	e for initials above:	
Printed Name of Signature	Date:	