PICK-UP AUTHORIZATION FORM 2019
PRESCHOOL / PRIME TIME SUMMER ARTS

SHARRON MILLER’S ACADEMY FOR THE PERFORMING ARTS

THIS FORM MUST BE RETURNED BY JUNE 1, 2019

Dear Parents:
Please indicate below who is authorized to sign your child in and out of the PRIME TIME SUMMER ARTS PROGRAM. ALL campers MUST be signed out with his or her counselor daily.

Child’s Name__________________________________________

Authorized Person(s):

Name____________________________________________________

Contact #_________________________ Email ______________________

Name____________________________________________________

Contact #_________________________ Email ______________________

Name____________________________________________________

Contact #_________________________ Email ______________________

_________My child has PERMISSION to walk home daily from PRIME TIME SUMMER ARTS.

Parent’s Signature_________________________________________Date__________

The abovenamed person (or guardian of same) does hereby give approval to participate in any and all activities and assumes all risks and hazards incidental to the conduct of the activities including transportation to and from activities if necessary; and do further release, absolve, indemnify & hold harmless SMAPA, the organizers, the sponsors, or any of the supervisors appointed by them. Certified birth certificates will be furnished upon request. In order to meet all legal requirements, the abovenamed person (or guardian of same) gives consent for any and all necessary emergency medical care as such arises. It is advisable to consult your doctor before participating in any type of aerobic program.