



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

SHARRON MILLER'S ACADEMY FOR THE PERFORMING ARTS

Dear Parents:

Please indicate below who is authorized to sign your child in and out of the SMAPA 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

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.

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