



Carolina Academy of Performing Arts Permission Form Sign-In/Out Procedure for Students ages 12-17

I _____, the parent/guardian of _____,
being of sound mind and the age of accountability, agree to the following statements and
waivers required by Carolina Academy of Performing Arts, Inc., Melanie Prince and their agents
et al. (CAPA)

I agree that my child can sign themselves in and out of CAPA classes.

I agree that I take full responsibility for my child before signing in and after signing out of all
CAPA classes.

I understand that my child may not be accompanied by an adult prior to signing into or after
signing out of CAPA classes.

I agree that my child shall not sign in to class more than five minutes prior to the start time.

I have read the above and agree.

Print – Parent/Guardian Name

Parent/Guardian Signature

Date

Print – Authorized Emergency Contact Name and Cell