



**Carolina Academy of Performing Arts Permission Form 2024  
Sign-In/Out Procedure for Students Under Age 12 years**

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 in addition to my child's parents/guardians, the following people may sign my child into CAPA classes and/or out of CAPA classes:

Name and Cell Number \_\_\_\_\_

Name and Cell Number \_\_\_\_\_

Name and Cell Number \_\_\_\_\_

Name and Cell Number \_\_\_\_\_

Name and Cell Number \_\_\_\_\_

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

I agree that my child shall not be signed into class more than five minutes prior to the start time.

I will contact CAPA by email or let a CAPA representative know prior to the start of class if someone not listed on this form will be dropping off or picking up my child.

I have read the above and agree.

\_\_\_\_\_  
Print – Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print – Authorized Emergency Contact Name and Cell