



CECCHETTI COUNCIL OF AMERICA

International Summer School

Off Campus Release Form

While attending the CCA Summer School at Hope College in Holland, Michigan, I, _____ give permission for my child _____ to be taken off campus by those individuals listed below (please include both parents/guardians and dance teachers). Those listed below may go with my child on foot, by car, or other means of transportation. I understand and acknowledge that my child may only leave on Visitor's Day between the hours of 8:00am and 1:00pm. I understand that the individuals listed below must enter the Cecchetti main office in Cook Hall and personally sign out my child by providing identification to the Head Counselor and I understand that they must sign my child back in upon return. I agree that the Cecchetti Council of America and Hope College will not be held responsible or liable during my Child's absence from the Summer Program.

NAMES OF INDIVIDUALS WITH PERMISSION	RELATIONSHIP TO MY CHILD	CELL PHONE #

SIGNATURE OF PARENT OR LEGAL GUARDIAN 1	
CELL PHONE	EMAIL
SIGNATURE OF PARENT OR LEGAL GUARDIAN 2	
CELL PHONE	EMAIL
DATE OF SIGNATURES	

Please note that Off-Campus Permission will not be given over the phone during the program