



Off Campus Permission

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. 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 when there are no scheduled classes or activities, including scheduled meals. I understand that the individuals listed below must enter the Cecchetti main office in Kollen 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.

(Please also include the studio dance instructor in the list of individuals)

<i>Names of Individuals with permission</i>	<i>Relationship to my Child</i>	<i>Cell Phone #</i>

<i>Signature of Parent(s) or Legal Guardian(s)</i>		
<i>Cell Phone #'s</i>		
<i>Email Addresses</i>		
<i>Date of Signing</i>		

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