

The Cecchetti Council



Of America

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 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 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.

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