

SAS DRAMA CLUB

2017/2018 Season

Parent Permission Form

Family Name: _____ Phone: _____

Student(s) Name: _____ Grade: _____

- I hereby give my child(ren) listed above, permission to join the St. Ann School Drama Club. I agree to pay the required dues of \$30.00 per child /or/ \$50.00 per family.
- I am aware the meetings may be held monthly on a Wednesday or Thursday from 6:30pm-8:00pm in the school cafeteria. I am aware that communication from the SAS Drama Club will be via email. If I do not have an email account, I understand it is my responsibility to find an “email buddy” who will convey all Drama Club information to me.
- I have read and understood the Parent Information handout and I agree to abide by the Drama Club’s policies and procedures, as well as the St. Ann School’s Policies and Procedures as outlined in the Student Handbook.
- I understand that SAS Drama Club is run by parent volunteers. I agree to protect and indemnify any of the Parent Advisors of the Drama Club from any and all liability claims of any nature that may occur due to my child’s participation in the program.
- I further understand that photographs may be taken of SAS Drama Club activities. By signing below I also grant permission for my child(ren)’s image to be used for publicity purposes in print or electronic media or on the school website. No student will be identified by name on the school website.

Parent Signature

Date

Parent Name: PLEASE PRINT

Parent Email Address

First Emergency Contact Name & Number

Second Email Address

Second Emergency Contact Name & Number

Additional Email Address