

**PERMISSIONS AND ACKNOWLEDGEMENTS**  
TO THE PARENTS OR GUARDIANS OF  
THE CHAGRIN FALLS PERFORMING ARTS ACADEMY STUDENTS

By signing below, you agree that you have read and understand the following:

- I have read the Chagrin Falls Performing Arts Academy Handbook and understand its contents
- I understand that Academy fees are NON-REFUNDABLE and NON-TRANSFERABLE
- I agree that my student's photo and quotes may be used for publicity purposes.
- I agree to allow the Performing Arts Academy to release my child's name, address, e-mail, and phone number to other students within the Academy as part of a group roster that is used for show purposes only.
- The acceptance and membership in the Chagrin Falls Performing Arts Academy is a rare opportunity which entitles my child to the privilege of studying and working when he/she/they are is so assigned in any part of the production, including props, lights, sound, construction, house management, box office, publicity, and stage managing - as well as acting and directing. I realize it is possible my child may not be cast in the lead role or in the role he/she/they most wish to play, but remembering the credo "there are no small parts, only small actors". I understand that the Academy is not only teaching performing skills, but also leadership and character development, all of which go to the education of the young artist. I realize that without my child's willingness, and my enthusiasm for my child's assignment, to do all phases of theatre work, there would be no production for my child to be a part of.

\_\_\_ Yes, I have read and agree to the points above

\_\_\_ I am interested in volunteering for the Academy productions and events

\_\_\_\_\_  
Parent/Guardian Printed Name Date

\_\_\_\_\_  
Parent/Guardian Printed Name Date

Contact Information:

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_