



CAPTA Event Permission Form

I give my child _____

Child's name

permission to attend and perform in the CAPTA event at

_____ on _____
Location *Date*

I am solely responsible for my child and will not hold the Cary-Apex Piano Teachers Association, (CAPTA), _____

Teacher

or _____ liable in any way.

Host establishment

I give my permission for my child's photograph to be used (without his/her name) on the CAPTA website or in publicity materials.

Signature of parent or responsible party

Date

Emergency Contact

Phone number

Relevant medical issues or conditions that pertain to my child:
