

**PLEASE FILL OUT AND RETURN THE FORM BELOW AND RETURN TO THE
STUDIO NO LATER THAN MAY 2ND.**

My child _____ has my permission to perform with
Clarissa's School of Performing Arts in the 2016 Dance Spectacular.

I also give my permission to have my child video-taped during any dance
practices and performances for the 2016 Dance Spectacular.

(Parent or Guardian Signature)

(Date)