



OPERATED BY SMITHTOWN PERFORMING ARTS COUNCIL, INC.  
A Not-For-Profit Organization

## Permission Slip Theatre Education Program Fall Classes 2020

I, the parent/guardian of \_\_\_\_\_ affirm that I have read and understood the COVID-19 Waiver of Liability and Indemnification, and have returned the signed waiver.

I also affirm that I have read and understood the Mask and Facial Covering Policy for the Theatre Education Program Fall Classes 2020 at Smithtown Center for the Performing Arts.

After reading both of these documents, I give permission for my child to attend the Theatre Education Program Fall Classes in 2020 at Smithtown Center for the Performing Arts.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Print Name of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name(s) of Child(ren) Participating in Theatre Education Program Fall Classes 2020

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