
Langdon Theatre Association

“Life Skills Through Theatre”

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2024 STUDENT RELEASE – PARENT APPROVAL FORM

Name of Student:	Group:
Name of Student:	Group:
Name of Student:	Group:
Name of Student:	Group:

As a parent/guardian of the above-named child(ren), I hereby notify the administration of Langdon Theatre Association that I wish my above-named child(ren) to leave the location in which the program is held in when their Drama session is complete each week.

I understand that I am responsible for his/her/their welfare and safety from the moment they leave the class premises. I acknowledge that, while they are off the premises, Langdon Theatre Association board members and Instructors have no responsibility for the supervision of children whose parents/guardians elect their child(ren) to leave the premises after classes.

I accept that this agreement will remain in effect throughout the 2024-2025 drama season until it is formally rescinded in writing by me.

Name of Parent (Please Print)

Signature

Date