

# MadCAP PERMISSION SLIPS ~ Madison Creative Arts Program

Participant Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Parent Name: \_\_\_\_\_

## Volunteering with MadCAP

MadCAP depends on volunteers to keep things running smoothly and reduce our expenses. Please look through the volunteer opportunities and check the tasks that most interest you. Thank you so much for your willingness to help!

### What Skills Can You Share?

- Sewing
- Photography & Video
- Web page (updating)
- Clerical/mailling preparation
- Media contact/public relations
- Cooking/baking for special events
- First aid training
- I'm interested finding out more about serving on MadCAP's Board of Directors.

## MadCAP Field Trip & Activity Permission

MadCAP programs take place at MadCAP's Studio located at 214 North Henry Street and at the Bartell Theatre, 113 E. Mifflin Street in Madison. Occasionally, students are escorted to nearby parks and green spaces for lunch and recreational activities. This form gives permission for staff to escort and supervise your child(ren) to nearby green spaces at break or meal times.

Other field trips, including but not limited to transportation in vehicles will have separate permission forms. I authorize MadCAP to take my child within a five block radius of 214 North Henry Street.

\_\_\_\_\_  
(Signature of parent or guardian)

\_\_\_\_\_  
(date)

## Photo Permissions

I (print name) \_\_\_\_\_ parent or official guardian of (child's name) \_\_\_\_\_ hereby grant permission to the Madison Creative Arts Program, its employees or representatives to take and use: photographs, videotape and/or digital images of my child to use in promotional or educational materials as follows: printed publications or materials, electronic publications or presentations and/or websites. I understand that my child's name and identifying details will not be revealed unless I am contacted and asked for special permission.

I authorize the use of these images indefinitely without compensation. All negatives, positives, prints, digital reproductions, and videotape shall be the property of MadCAP.

\_\_\_\_\_  
(Signature of parent or guardian)

\_\_\_\_\_  
(date)

## Release of Personal Information for MadCAP Directory

I grant permission to the Madison Creative Arts Program to release the following information to be included in a Directory of participating students distributed only to participating families. (Please check what information can be included in the directory)

\_\_\_ HOME ADDRESS      \_\_\_ HOME PHONE      \_\_\_ PARENT CELL PHONE      \_\_\_ CHILD CELL PHONE

\_\_\_ PARENT EMAIL ADDRESS      \_\_\_ CHILD EMAIL ADDRESS

\_\_\_\_\_  
(Signature of parent or guardian)

\_\_\_\_\_  
(date)