



THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

**Afterschool Extracurricular and Supplemental Programs
Parent/Legal Guardian Authorization Form**

**Required for participation in any and all afterschool clubs,
events, activities, or supplemental programs**

Student Name: _____ Telephone: _____

Student Number: _____ Student Grade: _____

Club/Activity/Event Name: _____

Description or nature of the club, activity, or event:

Date the club, activity or event will begin: _____

Date the club, activity or event will end: _____

Location of the club, activity, or event: _____

Name(s) of club, activity, or event sponsor(s): _____

Types of guests that may attend the club, activity or event: _____

Scheduled Days of the Week: (Circle all that apply)

Monday Tuesday Wednesday Thursday Friday Saturday

Scheduled Time: From _____ To _____

I give my child permission to participate in the above named extracurricular activity or supplemental program during the dates and times listed above for the 2023-24 school year.

Name of Parent: _____ Telephone: _____

Signature of Parent: _____ Date: _____

Scheduled days of the week and times may vary throughout the school year. Club/activity sponsor will contact parents through pre-determined forms of communication to notify of any change in meeting time or day.

EMERGENCY CONTACT

Name: _____ Telephone: _____

Relationship to Student: _____

This form must be submitted and retained by the club, activity, or event sponsor prior to student participation.