



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: _____
Club/Activity/Event Name: Art Club * Student # _____
Description or nature of the club, activity or event:

Art activities / community service art & painting projects

Date the club, activity or event will begin: Thursdays : 8/22, 9/12, 10/10, 11/14, 12/12, 1/9/25

Date the club, activity or event will end: cont 2/13, 3/13, 4/10, Last date : 5/8/25

Location of the club, activity or event: Room 616

Name(s) of club, activity or event sponsor(s): Mrs. Barr & Mrs. Valdes

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

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

Monday Tuesday Wednesday Thursday Friday Saturday

Scheduled Time: From 2:45 To 3:45

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.