



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: F r o m \_\_\_\_\_ 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 2024-25 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.***