



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 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.