



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: _____

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: (Check 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: _____

DISCLAIMER: By typing your name in the "Signature of Parent" field, you are signing this application electronically. You agree that your electronic signature is the legal equivalent of your manual signature on this application.

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. You may download and email your completed form to civicingagement@browardschools.com.