



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: F.L.H.S. Book Club

Description or nature of the club, activity or event:  
Sponsor and students will read books and have facilitated discussions.

Date the club, activity or event will begin: October 16, 2023

Date the club, activity or event will end: June 4, 2024

Location of the club, activity, or event: Media Center

Name(s) of club, activity, or event sponsor(s): Ms. Knorr

Types of guests that may attend the club, activity, or event: Sponsor, members, teachers, guests speaker

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

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Scheduled Time: From 3:00 To 4:00 pm

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.*