

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: **DECA & BPA (Business Professionals of America)** Description or nature of the club, activity or event:  
**Students will attend monthly meetings starting at 3pm, not to exceed and end time of 4:30pm. Students will also participate in competitions throughout the school year. Special after school sessions will be held as needed to prepare students for competition. Sessions will not exceed and end time of 4:30pm.**

Date the club, activity or event will begin: September 14, 2023

Date the club, activity or event will end: May 31, 2024

Location of the club, activity, or event: FLHS,Room 518

Name(s) of club, activity, or event sponsor(s): Dr. Morrison

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 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.***