

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/Eve	nt Name: <u>LEO Cl</u>	ub				
Description or nat	ure of the club, a	ctivity or event:				
LEO is a service clu	ıb. We will teach	leadership and tear	m building skills wit	h an emphasis on	serving the community.	
Activities are school	ol and beach cle	anups, plastic bag re	ecycling, and eyegla	ass donation drives	<u>5.</u>	
Date the club, activ	ity or event will b	egin: <u>9/11/23</u>				
Date the club, activ	ity or event will e	nd: <u>5/27/24</u>				
Location of the club	b, activity or even	t: <u>Room 441</u>				
Name(s) of club, ac	ctivity or event spe	onsor(s): <u>Darin Koch</u>	Darin.Koch@broward	schools.com		
Types of guests that may attend the club, activity or event: Rich Aube					Ri	
Scheduled Days of	the Week: (Circle	le all that apply)				
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
Scheduled Time:	From <u>3:00-4:3</u>	<u>80pm</u>				
I give my child p		cicipate in the above ates and times listed a			lemental program during	
Name of Parent:			Telephone:			
Signature of Parent:			Date:			
		mes may vary throug ed forms of commun			onsor will contact parents ing time or day.	
		EMERGE	NCY CONTACT			
Name:			Telephone:			
Relationship to Stud	dent:					

This form must be submitted and retained by the club, activity or event sponsor prior to student participation.