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: $\qquad$ Telephone: $\qquad$
Club/Activity/Event Name: Student Social Advocacy Club
Description or nature of the club, activity or event:
We the members of the Student Social Advocacy will conduct bi-monthly meetings in order to organize and plan to attend local events and programs, particularly as they relate to local or national social issues and justice. We shall also participate in community service, attend youth-led seminars and workshops, provide resources and opportunities for academic advancement and partake in club-related events both on and off campus.
Date the club, activity or event will begin: $8 / 30 / 23$
Date the club, activity or event will end: 5/15/24
Location of the club, activity or event: R o o m 757
Name(s) of club, activity or event sponsor(s): Valerie Rolle Valerie.Rolle@browardschools.com
Types of guests that may attend the club, activity or event:None
Scheduled Days of the Week: (Circle all that apply)

| Monday | Tuesday Wednesday | Thursday | Friday |
| :--- | :--- | :--- | :--- |
| Scheduled Time: | From $3: 00 \mathrm{pm}-4: 00 \mathrm{pm}$ |  |  |

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: $\qquad$ Telephone: $\qquad$
Signature of Parent: $\qquad$ Date: $\qquad$
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: $\qquad$ Telephone: $\qquad$
Relationship to Student: $\qquad$
This form must be submitted and retained by the club, activity or event sponsor prior to student participation.


