



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: Chorus _____

Description or nature of the club, activity or event:

Chorus is offered to students who attend Griffin Elementary School and are interested in singing. We will perform for Veteran's Day, Light Up Cooper City, Our Holiday Giftwrap, Our Annual Holiday show for our students and for our parents.

Date the club, activity or event will begin: Monday, September 9, 2024 _____

Date the club, activity or event will end: Monday, May 19, 2024 _____

Location of the club, activity or event: Music room at Griffin Elementary School _____

Name(s) of club, activity or event sponsor(s): Griffin Elementary School Chorus _____

Types of guests that may attend the club, activity or event: Students in grades 3-5 at Griffin. _____

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

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Scheduled Time: From 2pm To 3pm.

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: _____ Parent e-mail _____

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