



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: Griffin Elementary School Band _____

Description or nature of the club, activity or event:

Band is offered to students who attend Griffin Elementary School and want to learn how to play a band instrument. Instruments include flute, clarinet, trumpet, saxophone, and snare drum kit. We will have two concerts a year one in January 15th and May 21st.

Date the club, activity or event will begin: Thursday, September 19, 2024 _____

Date the club, activity or event will end: Thursday, May 22, 2025 _____

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

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

Types of guests that may attend the club, activity or event: Students in grades 4 and 5. Parents are welcome to volunteer. _____

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 email _____

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