



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: Environmental Club

Description or nature of the club, activity or event:
Recycling around the school for service hours.

Date the club, activity or event will begin: 9/12/2023

Date the club, activity or event will end: 5/1/2023

Location of the club, activity, or event: 807

Name(s) of club, activity, or event sponsor(s): Jordana Hass

Types of guests that may attend the club, activity, or event: 50

Scheduled Days of the Week: (Circle all that apply) *every other week*

Monday Tuesday **Wednesday** Thursday Friday Saturday

Scheduled Time: From 3:00 To 3:45

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.