



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: FLHS Speech and Debate

Description or nature of the club, activity or event:
Speech and Debate team after-school practice. Practice is held regularly on Mondays and Tuesdays
but may occasionally need to shift to Wednesday or Thursday due to school holidays, field trips to
tournaments, and tournaments hosted by FLHS

Date the club, activity or event will begin: 9/11/23

Date the club, activity or event will end: 6/7/24

Location of the club, activity, or event: FLHS - Room 506

Name(s) of club, activity, or event sponsor(s): Arthur Kulawik

Types of guests that may attend the club, activity, or event: Students, teachers, parent volunteers

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

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Scheduled Time: From 2:40pm To 5pm

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.