



# City of Pembroke Pines Charter Schools Academic Village Campus



Cambridge International School



## After School Extracurricular Program Parent Authorization Form

### Required for participation in all extracurricular clubs.

Student Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Club Name: \_\_\_\_\_

Description of Club: \_\_\_\_\_

Days of the Week for Meetings and Frequency: \_\_\_\_\_

Start & End Time for Meetings: \_\_\_\_\_

Meeting Dates: (Start Date & End Date) \_\_\_\_\_

Location of Meetings: \_\_\_\_\_

Club Sponsor's Name: \_\_\_\_\_

Club Sponsor's Email: \_\_\_\_\_

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 2024-2025 school year.

Name of Parent: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact's Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Scheduled meetings may change throughout the school year. Club/activity sponsor will contact parents through pre-determined forms of communication to notify of any change in meeting day or time.

*This form is to be submitted and retained by the club sponsor prior to student participation.*