

CUSD PERMISSION FORM TO PARTICIPATE IN EXTRA-CURRICULAR ACTIVITIES

(PLEASE RETURN THIS FORM TO THE SPONSOR)

Please Print Information:

School year: _____

STUDENT NAME _____ DAY MEETING TIME _____

NAME OF CLUB _____

SPONSOR NAME _____

My child has permission to participate in the above after school activity/club. I understand transportation is not provided.

Parent/Guardian Name

Daytime telephone and/or cell phone #

Alternative emergency contact

Daytime telephone and/or cell phone #

If activity is sports related (example: hiking club),

Physician's name and phone # _____

Parent's Signature: _____ Date: _____

Email address: _____

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