

CUSD PERMISSION FORM TO PARTICIPATE IN EXTRA-CURRICULAR ACTIVITIES

(PLEASE RETURN THIS FORM TO THE SPONSOR)

Please Print Information:

School year: 2023-24

STUDENT NAME _____ DAY MEETING TIME M&W 3:15-3:50

NAME OF CLUB RUNNING CLUB START DATE 10/25/2023 END DATE 1/29/2024

SPONSOR NAME Robyn Nowlin and Aubrey McDonald

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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