

# CUSD PERMISSION FORM TO PARTICIPATE IN EXTRA-CURRICULAR ACTIVITIES

(PLEASE RETURN THIS FORM TO THE SPONSOR)

Please Print Information: School year:

STUDENT NAME \_\_\_\_\_ DAY METING 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 #

\_\_\_\_\_

Alternate emergency contact Daytime telephone and/or cell phone #

\_\_\_\_\_

If activity is sports related (example: hiking club), Physician's name and phone # \_\_\_\_\_

Parents Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email address: \_\_\_\_\_