



CUSD PERMISSION FORM TO PARTICIPATE IN EXTRA-CURRICULAR ACTIVITIES

(PLEASE RETURN THIS FORM TO THE SPONSOR)

Please Print Information:

School year: 2023-2024

STUDENT NAME _____

DAY METING TIME _____

NAME OF CLUB **HOSA- Biomedical**

SPONSOR NAME **Jentry Yard-Husk**

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: _____