



**CUSD PERMISSION FORM TO PARTICIPATE IN EXTRA-CURRICULAR ACTIVITIES**

(PLEASE RETURN THIS FORM TO THE SPONSOR)

Please Print Information:

School year: 2024-2025

STUDENT NAME \_\_\_\_\_

DAY METING TIME During Class (Period 2 and Period 6)

NAME OF CLUB HOSA Bioscience

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: \_\_\_\_\_