OLICE DEPARCEION FORM TO DARTICIE	ATE IN EVERA CURRIQUI AR ACTIVITIES
CUSD PERMISSION FORM TO PARTICIPATE IN EXTRA-CURRICULAR ACTIVITIES	
(PLEASE RETURN THIS F	
Please Print Information:	School year:2023-24
STUDENT NAME	<del></del>
NAME OF CLUB RUNNING CLUB START D	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:	
CUSD PERMISSION FORM TO PARTICIPA	ATE IN EXTRA-CURRICULAR ACTIVITIES
(PLEASE RETURN THIS FORM TO THE SPONSOR)	
Please Print Information:	School year:2023-24
STUDENT NAME	DAY MEETING TIME
NAME OF CLUB RUNNING CLUB START D	
SPONSOR NAME Robyn Nowlin and Aubrey McDonald	

My child has permission to participate in the above after school activity/club. I understand transportation is

Daytime telephone and/or cell phone #

Daytime telephone and/or cell phone #

Date: \_\_\_\_\_

not provided.

Email address: \_

Parent/Guardian Name

Alternative emergency contact

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

Physician's name and phone #\_\_\_\_\_

Parent's Signature: \_\_\_\_\_