

# CUSD PERMISSION FORM TO PARTICIPATE IN EXTRA-CURRICULAR ACTIVITIES

(PLEASE RETURN THIS FORM TO THE SPONSOR)

Please Print Information:

STUDENT NAME \_\_\_\_\_ DAY MEETING TIME \_\_\_\_\_

NAME OF CLUB \_\_\_\_\_

SPONSOR(S) 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: \_\_\_\_\_

July 1, 2018