THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

Afterschool Extracurricular and Supplemental Programs Parent/Legal Guardian Authorization Form

Required for participation in any and all afterschool clubs, events, activities or supplemental programs

Student Name: _____ Telephone: _____

Club/Activity/Event Name: **COLOR GUARD**

Description or nature of the club, activity or event:
Winter Guard Rehears and and performances including Preview Night, SFWGA Contest, WGI Contest, Fairwell Performance and End of Year Recital

Date the club, activity or event will begin: **October 20th 2026**

Date the club, activity or event will end: **May 30th 2026**

Location of the club, activity or event: **MSD, JIL HS, West Broward HS, Durant HS, Flanagan HS, Cypress Creek HS, UM**

Name(s) of club, activity or event sponsor(s): **BROADBENT**

Types of guests that may attend the club, activity or event: **Students & Parents**

Scheduled Days of the Week: (Circle all that apply)

Monday ✓ Tuesday ✓ Wednesday ✓ Thursday ✓ Friday ✓ Saturday ✓

I give my child permission to participate in the above named extracurricular activity or supplemental program during the dates and times listed above for the 2023-24 school year.

Name of Parent:_____Telephone:_____

Signature of Parent: _____ Date: _____

Scheduled days of the week and times may vary throughout the school year. Club/activity sponsor will contact parents through pre-determined forms of communication to notify of any change in meeting time or day.

EMERGENCY CONTACT

Name: _____Telephone: _____

Relationship to Student: _____

This form must be submitted and retained by the club, activity or event sponsor prior to student participation.