

**MADEIRA HIGH SCHOOL
7465 LOANNES DRIVE
CINCINNATI, OHIO 45243**

513-891-8222

Extra Curricular / Club Permission Form

My child, _____, has permission
to participate in _____, at Madeira
High School. I understand this activity may meet before and/or after
school or during common time. The schedule of meetings, events,
matches, etc. is at the discretion of the club faculty advisor.

PARENT SIGNATURE

DATE

STUDENT SIGNATURE

DATE