

# FORSYTH COUNTY SCHOOLS

Dr. Mitch Young, Superintendent • 1120 Dahlonega Highway • Cumming, Georgia 30040 •  
Telephone 770.887.2461 • Fax 770.781.6632

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

Dear Parents/Guardians,

In Forsyth County Schools, we provide many exciting student organizations or extracurricular/co-curricular activities in which students can participate. These activities allow students to grow outside of their rigorous academic life, and at the same time, they provide enrichment for our students. Our goal is that students, if they choose, can find a student organization or extracurricular/co-curricular group that suits their needs. Student organizations and extracurricular/co-curricular groups meet before, during, and after school on various days and times. Your student,

\_\_\_\_\_ has elected to join \_\_\_\_\_  
(Student's First and Last Name) (Student Organization or Extracurricular/Co-Curricular Name)

For students to participate in student organizations or extracurricular/co-curricular activities, parent permission is needed. Please complete the bottom portion of this form to give your student permission to participate in the listed club or activity. If you have any questions, please feel free to contact the sponsor via email.

I, \_\_\_\_\_, am the legal parent/guardian of \_\_\_\_\_.

(Print Parent/Guardian First and Last Name)

(Print Student First and Last Name)

Acknowledge the following:

\_\_\_\_\_  
(Student ID number)

\_\_\_\_\_ I, the undersigned legal parent/guardian, give permission for my child to participate in the above-listed extracurricular and/or co-curricular activity at Forsyth County Schools. I understand that participation in these activities may involve risks, including but not limited to physical injury. I agree to release and hold Forsyth County Schools, its employees, agents, and representatives harmless from any claims, liabilities, or damages arising from my child's participation in these activities.

\_\_\_\_\_  
Signature of Legal Parent/Guardian

\_\_\_\_\_  
Date