

**PERMISSION FOR PARTICIPATION IN AN EXTRACURRICULAR
OR CO-CURRICULAR GROUP**

My child, _____ (*student's name*), has my permission to participate in _____ (*name of group*), an extracurricular or co-curricular group of the Clear Creek Independent School District for the _____ school year. I agree to assume responsibility for payment of all expenses not covered by the district, including medical expenses, which may arise from practicing, rehearsing, traveling, or participating in any extracurricular or co-curricular group sponsored by the District. I agree to assume responsibility for any and all liability arising out of my child's participation in any extracurricular or co-curricular group sponsored by the District.

In addition, I acknowledge that I have received and read a copy of the CCISD Student Handbook, including the Student Code of Conduct, Extracurricular Code of Conduct, Extracurricular Student Activity Rules of Conduct, the group's governing documents, as applicable.

Parent signature: _____

Date: _____