CUSD PERMISSION FORM TO PARTICIPATE IN EXTRA-CURRICULAR ACTIVITIES

(PLEASE RETURN THIS FORM TO THE SPONSOR)

Please Print Information: School year: _____

STUDENT NAME _____ DAY MEETING TIME _____

NAME OF CLUB AFJROTC

SPONSOR NAME Lt Col Dan Kline/MSgt Fred Driver

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 #

_____ _____

Alternative emergency contact Daytime telephone and/or cell phone #

If activity is sports related (example: hiking club),

Physician's name and phone #_____

Parent's Signature: _____ Date: _____

Email address: _____

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