THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

In-School Field Trip / On-Campus Co-Curricular Event/Activity

This form is required for participation in all events, activities, or supplemental programs.

Student Name: _____ Telephone: _____

Club/Activity/Event Name: Math Club

Name(s) of club, activity, or event sponsor(s): Ms. Chang

Description or nature of the club, activity, or event: Math Club is an engaging place for students to explore mathematics beyond the classroom.

Date the club, activity or event will begin: Friday, August 28, 2026

Date the club, activity or event will end: Friday, April 23, 2027

Location of the club, activity, or event: Room 175 - Hallway 4

Scheduled Time: From 3:35 To 4:15pm

- I authorize my student to participate in the above-named co-curricular activity or supplemental program during the dates and times listed above.
- For events/activities listed on the attached forms that occur over multiple days, I have signed my initials next to each event I authorize my student's participation.
- Permission does not mandate participation.

Parent Name: _____ Telephone: _____

Signature of Parent: _____ Date: _____

EMERGENCY CONTACT

Name: _____ Telephone: _____

Relationship to Student: _____

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

☆ The Math Club is not for tutoring/homework assistance. The purpose of Math Club is for math-related puzzles, games, activities, and competitions.