

## THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

## Afterschool Extracurricular and Supplemental Programs Parent/Legal Guardian Authorization Form

## Required for participation in any and all afterschool clubs, events, activities or supplemental programs

Student Name:	Telephone:
Club/Activity/Event Name: Speech and Debate Off	ficer Meetings 23-24
Description or nature of the club, activity or eve	
and public speaking skills through forensic competitive ev	vents. Officer Meetings are for the purpose of reviewing, planning and preparing
for various club activities and events throughout the seaso	on.
Date the club, activity or event will begin: Septem	
Date the club, activity or event will end:May	24th, 2024
Location of the club, activity or event: West Brow	vard High School Room 253
Name(s) of club, activity or event sponsor(s):	Mrs. Sikes
Types of guests that may attend the club, activity o	or event: Speech and Debate Students, Parents, and Club-hired private coaches
Scheduled Days of the Week: (Circle all that app	oly)
Monday Tuesday Wednesd	day Thursday Friday Saturday
Scheduled Time: From 3:00PM To 4:00F	PM
	above named extracurricular activity or supplemental program during s listed above for the 2023-24 school year.
Name of Parent:	Telephone:
Signature of Parent:	Date:
	throughout the school year. Club/activity sponsor will contact parents mmunication to notify of any change in meeting time or day.
EM	MERGENCY CONTACT
Name:	Telephone:
Relationship to Student:	

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