



City of Pembroke Pines Charter Schools Academic Village Campus



After School Extracurricular Program Parent Authorization Form

Required for participation in all extracurricular clubs.

Student Name: _____ Telephone Number: _____

Club Name: _____

Description of Club: _____

Days of the Week for Meetings and Frequency: _____

Start & End Time for Meetings: _____

Meeting Dates: (Start Date & End Date) _____

Location of Meetings: _____

Club Sponsor's Name: _____

Club Sponsor's Email: _____

I give my child permission to participate in the above named extracurricular activity or supplemental program during the dates and times listed above for the 2025-2026 school year.

Name of Parent: _____ Telephone Number: _____

Signature of Parent: _____ Date: _____

Emergency Contact's Name: _____ Telephone Number: _____

Relationship to Student: _____

Scheduled meetings may change throughout the school year. Club/activity sponsor will contact parents through pre-determined forms of communication to notify of any change in meeting day or time.

This form is to be submitted and retained by the club sponsor prior to student participation.