

EXTRA-CURRICULAR ACTIVITY PARENT PERMISSION SLIP

Coach/Sponsor Name: \_\_\_\_\_

Activity/Club/Sport: \_\_\_\_\_

Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

Parent: Please complete & return this form to the school office.

I, \_\_\_\_\_, give permission for my child

\_\_\_\_\_  
(Parent Name) (Student Name)

to participate in \_\_\_\_\_ (Sport/Club/Activity)

during the \_\_\_\_\_ school year.