

# Extra Curricular Participation/Release Form

My child \_\_\_\_\_ has permission to participate in  
the Campus View Elementary extra curricular activity of \_\_\_\_\_

## The dates of activities are:

1. Every \_\_\_\_\_ starting on \_\_\_\_\_  
day of the week  
\_\_\_\_\_ ending on \_\_\_\_\_  
date date

OR

2. Participating in activity on the following dates:

\_\_\_\_\_  
\_\_\_\_\_

Will your child be returning to the program once activity is over?

Yes

If yes, please indicate what time \_\_\_\_\_

No

My child needs to be released from CVCC to attend their activity at \_\_\_\_\_

**PERSONS (OTHER THAN PARENT/GUARDIAN) AUTHORIZED TO PICK UP CHILD FROM FACILITY  
TO TRANSPORT CHILD TO ACTIVITY**

Name \_\_\_\_\_

Name \_\_\_\_\_

\* The program is not responsible for your child during the above activity times. If your child will be returning to the program, it is their own responsibility to walk back to the program.

Parent Name \_\_\_\_\_ Parent Signature \_\_\_\_\_ Date \_\_\_\_\_