

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 _____