

# Extracurricular Permission Form

## **Grattan After School Program**

I agree that my child will be permitted to leave Grattan After School Program (GASP) only if I have provided this form signed and completed in advance. In the event that I fail to notify GASP by email, with this form attached, about participation in extracurriculars, I understand my child will remain at GASP and follow regular departure instructions. I understand that if my child is returning to GASP from the extracurricular activity, I am responsible for transportation back to program.

Regarding extracurricular activities not sponsored by, supervised by, or otherwise affiliated with GASP: by my signature below, I agree to release GASP and it's staff from any resulting claims or liabilities for damages or injuries by or to my child, and to indemnify, and hold GASP harmless from any costs or claims arising from my child's participation in the activity listed, and from any and all damages, injuries, or claims arising after my child has left the supervision of GASP. I hereby authorize my child's participation in the specific activity indicated below.

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Activity & Team Name: \_\_\_\_\_

Location of Activity: \_\_\_\_\_

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

Day(s) of extracurricular activity attendance (circle): **M T W R F**

I authorize: 1) \_\_\_\_\_, 2) \_\_\_\_\_,

3) \_\_\_\_\_, 4) \_\_\_\_\_,

5) \_\_\_\_\_, 6) \_\_\_\_\_.

to check my child out of the GASP for the activity listed above, on the days and times indicated.

*\*Note: please list the full first and last names of all adults allowed to check your child out of GASP for the listed activity and the dates listed. Students will not be release to adults not listed on this form. ID's may be checked upon pickup.*

**Activity Start Time:** \_\_\_\_\_ **Activity End Time:** \_\_\_\_\_

### **Departure:**

Leaving program at (time of departure, specify day if multiple):

### **Return:**

Not returning to program (specify day if multiple)

Returning to program (specify day if multiple)

Time of Return:

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date