

# Extra-Curricular Activities Authorization Form

*Mammoth Heights BASE Programs*

**School Year: 2023-24**

The purpose of this authorization form is to ensure the safety and whereabouts of all children, as well as remain in compliance with the State of Colorado rules regulating school-age childcare programs. Please complete the following statement if you wish to permit your child to sign him/herself in and/or out of the Program in order to participate in extra curricular activities offered on school premises. The information required needs to be completed in its entirety to ensure the safety of your child. Children will be release to adults who are assigned to a position which includes student supervision as one of the essential responsibilities. Please be sure to communicate your childcare needs with this adult, complete and sign this authorization, and provide form to *Mammoth Heights BASE Programs* prior to the first day your child attends the extra-curricular activity. A separate form is needed for each activity.

We can only accept forms completed in their entirety.

My child \_\_\_\_\_ has my permission to participate in:

PLEASE PRINT FIRST & LAST NAME

\_\_\_\_\_ located in \_\_\_\_\_

NAME OF ACTIVITY/PROGRAM

BUILDING/ROOM/FIELD

and supervised by \_\_\_\_\_ .

NAME OF ADULT / POSITION

As a result, my child will be required to sign him/herself into and/or out of the Program as specified:

\_\_\_\_\_ **Into** the childcare program at \_\_\_\_\_ o'clock (Please specify time of day – example: 4:30pm)

\_\_\_\_\_ **Out** of the childcare program at \_\_\_\_\_ o'clock (Please specify time of day – example: 8:40am)

Beginning Date: \_\_\_\_\_

MONTH/DAY/YEAR

Ending Date: \_\_\_\_\_

MONTH/DAY/YEAR

Please explain schedule in detail (example: every Tuesday; daily; Mondays & Fridays):

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

I understand that my child must sign him/herself in and out of the Program according to Program policies. *Mammoth Heights BASE Programs* reserves the right to deny services if children are not signed in and out of the Program according to policy. In this event, a parent or authorized adult would be required to sign my child in and/or out of the Program. I also understand that once my child is signed out of *Mammoth Heights BASE Programs*, my child is supervised by the adult specified on the authorization form.

Parent/Guardian's Name (PLEASE PRINT) \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_