

School Club Membership Consent Form

Student Information

Full Name

Grade

Email Address

Club Name

Parent/Guardian Information

Parent/Guardian Name

Contact Number

Email Address

Consent

☐ I hereby give permission for my child to become a member of the selected school club and to participate in all associated activities.

Relevant Medical Conditions or Allergies (if any)

Additional Comments or Instructions

Student Signature

Parent/Guardian Signature

Date