

Parental Permission for Participation in Elementary Extracurricular Club/Activity

My child/children,	, has/have		
my permission to participate in Chess Club, at Spicewood ES for the 2023-2	.024 school year.		
Sponsor's Name: Amy Mitchell Sponsor a Staff Member: Yes Sponsor's Contact Information: amy_mitchell@roundrockisd.org			
		Grade Levels Participating: K-5	
		Meeting Dates/Times: Fridays 6:35-7:35 AM	
Meeting Location: Spicewood Library			
All RRISD extracurricular clubs and organizations have an adult who will be	present at all		
meetings. Although these sponsors are often a RRISD staff member, due to	the volume of		
extracurricular clubs and activities, some of our groups are led by a parent	•		
with no staff member present. For groups with parent/volunteer sponsors,			
be a staff member in the room during the meeting, there will always be a s	taff member present		
on campus while meetings are taking place.			
Student Information:			
My child's current grade level: Teacher's name:			
Medical Information:			
My child has the following special medical conditions or issues:			
☐ Medical Conditions ☐ Drug Allergies ☐ Food Allergies			
If yes, list the conditions and/or allergies:			
Parent Information:			
Name: Phone Number(s):			
Email:			
Emergency Contacts:			
Name: Phone Number:			
I acknowledge that I have read and understand all of the information provi	ded on this		
permission form. I agree to assume responsibility for any and all liability ari	sing out of my		
child's			
participation in any extracurricular club or activity sponsored by the Distric	t.		
Parent signature: Date:			