

PERMISSION FOR PARTICIPATION IN AN EXTRACURRICULAR  
OR CO-CURRICULAR GROUP

My child, \_\_\_\_\_ (*student's name*), has my permission to participate in \_\_\_\_\_ (*name of group*), an extracurricular or co-curricular group of the Clear Creek Independent School District for the \_\_\_\_\_ school year. I agree to assume responsibility for payment of all expenses not covered by the district, including medical expenses, which may arise from practicing, rehearsing, traveling, or participating in any extracurricular or co-curricular group sponsored by the District. I agree to assume responsibility for any and all liability arising out of my child's participation in any extracurricular or co-curricular group sponsored by the District.

In addition, I acknowledge that I have received and read a copy of the CCISD Student/Parent Handbook, including the Student Code of Conduct, Extracurricular Code of Conduct, Extracurricular Student Activity Rules of Conduct, the groups governing documents, as applicable.

Attach: Governing Documents (as applicable)

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| <input type="checkbox"/> Bylaws                                | <input type="checkbox"/> Extracurricular Student Activity Rules of Conduct |
| <input type="checkbox"/> Charter                               | <input type="checkbox"/> Handbook  |
| <input type="checkbox"/> Constitution                          | <input type="checkbox"/> Organization Plan of Operation                    |
| <input type="checkbox"/> Extracurricular Code of Conduct       | <input type="checkbox"/> Rules   |
| <input type="checkbox"/> Extracurricular Standards of Behavior |  |

Parent signature: \_\_\_\_\_

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