

Piedmont High School  
Academics Character Excellence

**CLUB PARTICIPATION PERMISSION FORM**

School Year: \_\_\_\_\_

Club Name: \_\_\_\_\_

Club Advisor: \_\_\_\_\_

Student Name (Please Print): \_\_\_\_\_

I give permission for my child, \_\_\_\_\_, to participate in the above named club at Piedmont High School.

\_\_\_\_\_

Parent/Guardian Signature

Date

\_\_\_\_\_

Parent/Guardian Contact Number

**Please return this form to your club advisor.**