

Webster Groves School District
Adventure Club

Activity Release Form

(To release a child for an activity outside of Adventure Club during hours of operation)

Child's Name: _____ Grade: _____

School: _____

Type of Activity: _____

Days (s): _____

Time: _____

My child/children will be attending the above activity from

_____ to _____
Month Month

_____ My child/children will return to Adventure Club after the activity ends

_____ My child/children will not return to Adventure Club after the activity ends

Parent/Guardian Signature

Date