

THE SCHOOL BOARD OF SARASOTA COUNTY, FLORIDA

SCHOOL NAME Riverview High School

SCHOOL ADDRESS 1 Ram Way Sarasota, FL 34231 SCHOOL PHONE 941-923-1484

**SCHOOL CLUB/ACTIVITY APPROVAL AND STUDENT REGISTRATION**

**Instructions:** The club/activity advisor completes top section of form and gives to the principal for approval. If approved, the advisor makes copies of the signed form for the students to take home. The parent/guardian must complete the consent section, sign, and return this form and additional completed, signed forms identified below, with any required payment to the child's school.

The deadline to submit forms and payment in order for the child to participate is October 25, 2024.

**CLUB/ACTIVITY INFORMATION**

Club/Activity Name Key Club School Year 2024-2025

Club/Activity Advisor Name Savannah Cohen-Rowe/ Stefanie Cohen Club/Activity Advisor Email Address savannah.cohen-rowe@sarasotacounty-school.net

Purpose or Goal of Club/Activity To help our community become stronger and gain community service hours.

Schedule Start Date August 5, 2024 End Date May 16th 2025 Times 7:15am-7:40am and sometimes after school depending on service project

Day(s) of the Week Second and Third Tuesday of every month (subject to change)

Cost Payment required \$30 Payment can be made by cash/check payable to Riverview High School Key Club

Requirements (prerequisites, dress code, equipment, supplies, etc.) Participation in every meeting you can attend is mandatory.

Students must attend at least 1 event outside of school a month. When we have events outside of school, students must wear their Key Club Shirt which is part of their dues.

**PRINCIPAL APPROVAL**

Club/Activity Approved  Yes (check boxes below for additional required forms)  
 No If no, provide reason \_\_\_\_\_

Parent/Guardian Release and Hold Harmless Agreement for Student Participation in Special Event/Activity at School Campus, Form 075-16-FIN

Emergency Medical/Treatment Consent for Field Trips and/or Other After School Activities, Form 063-96-DIS

Private Vehicle Transportation Permission, Form 063-12-RKM

Principal Name (Print) Ann Haughey Principal Signature [Signature] Date 8/9/24

**PARENT/GUARDIAN CONSENT**

Student Name (Print) \_\_\_\_\_ DOB \_\_\_\_\_ Student No. \_\_\_\_\_

**Transportation**

- My child is in After School Care
- My child drives to and from School
- My child is a walker/biker (Note that no crossing guards are present).
- My child will normally be picked up by the following people (include yourself):

Name (Print) \_\_\_\_\_ Phone No. \_\_\_\_\_ Name (Print) \_\_\_\_\_ Phone No. \_\_\_\_\_

Students who are not picked up on time may be dismissed from the club/activity. You will be contacted to pick up your child if the club/activity is cancelled due to unforeseen circumstances (i.e. weather).

I, \_\_\_\_\_, give my permission  
Parent/Guardian Name (Print)

for \_\_\_\_\_, to participate in the  
Student Name (Print)

\_\_\_\_\_ Club/Activity.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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