



FLASH Extracurricular Activity Form

- **Child's Name:**
- **School Name:**
- **Name of Activity:**
- **Day(s) of Week:**
- **Start/End Time of Activity Each Day:**
- **Start Date → End Date of Activity:**
- **My child ____ WILL ____ WILL NOT be returning to the FLASH program following this activity (please put an X on your answer).**

Disclaimer: I understand that the Oak Lawn Park District is not responsible for my child during their enrollment in an extracurricular activity. I am aware that the group leader for the extracurricular activity is responsible for making sure that my child(ren) gets to and from the FLASH program, if I have so specified above. I am also aware that there are no refunds/credits/prorated rates from the FLASH program due to time spent away from it, for the purpose of the extracurricular activity.

Parent/Guardian Name:

Date: