

SENIOR

Last

First

MI

ID #

### GRAD NIGHT RULES

1. Dress is casual but we are encouraging seniors to wear their grad T-shirt. Shoes are required.
2. The party starts at 9pm. NO admittance after 11:00pm.
3. NO alcohol, drugs, or marijuana are permitted. If seniors are under the influence or in possession of any of the above, their parent/guardian may be notified and required to pick them up.
4. **NO pagers, cameras or cell phones are allowed into Grad Night. They will be taken away during the friendly frisk and returned the next morning.**
5. All seniors will be frisked including a random test breathalyzer before entering the registration area. A "luggage" room will be available to leave purses, yearbooks, and other small valuable items though the Marina Grad Night Committee bears no responsibility for any items left in this "luggage" area. All precautions will be made however to assist the senior in keeping their items safe. It is preferred to leave these items at home.
6. Seniors are expected to cooperate with the chaperones and display appropriate behavior. NO smoking permitted.
7. **Once seniors have arrived at the party, they may NOT leave and re-enter. Parents will be notified and required to pick up their senior if they become ill and need to leave.**
8. Parents of seniors who do not show up at Grad Night will be called at the number provided on this card.

Inhaler: Y or N

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

Student Signature \_\_\_\_\_

Grad Night T-shirt - Adult Size: \_\_\_S \_\_\_M \_\_\_L \_\_\_XL \_\_\_XXL

*For Grad Night Use Only:*

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

Cash/Check # \_\_\_\_\_

Amount: \_\_\_\_\_

By: \_\_\_\_\_

DOB: \_\_\_\_\_

### PARENT'S PERMISSION AND EMERGENCY MEDICAL FORM

I, the undersigned parent or legal guardian of \_\_\_\_\_, a minor, do hereby request that she/he be permitted to attend Marina High School Grad Night on June 16th - June 17th, 2011 **(Date subject to change)**.

Should the need arise, we do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provision of the Medical Practice Act or a dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health. It is understood that this authorization is given in advance of any special diagnosis, treatment or hospital care being required but is given to provide authority and power to render care, which the aforementioned physician in the exercise of his/her best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient but that any of above treatments will not be withheld if the undersigned cannot be reached. I will not hold liable the Marina Grad Night Committee, Marina High School, or HBUHSD, its officers and/or board members, for medical aid rendered at a hospital or first aid rendered at the event.

In consideration for attending this Marina Grad Night event I hereby release and discharge Marina Grad Night Committee, and those under control of committee, Marina High School, and HBUHSD, its officers and/or board members all liability which may arise from any claim brought by me, my heirs and assigns relating injuries or other damages that participant might suffer arising from the activities supplied for that night including but not limited to supervised rock climbing, bounce house, bungee pull, sumo wrestling.

We certify that other than as set forth in the space below, participant has no physical or mental conditions, is taking no medication(s) which will adversely affect the participant's ability to engage in the activities of that night:

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's name: \_\_\_\_\_ Home ph.# \_\_\_\_\_

Address: \_\_\_\_\_ Cell Ph.# \_\_\_\_\_

Local Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_ e-mail: \_\_\_\_\_