

UCHS SENIOR GRAD PARTY TICKET ORDER FORM JUNE 15, 2021 9pm to 3am



STUDENT & PARENT AGREEMENT ALL PAGES MUST BE COMPLETELY FILLED OUT, SIGNED & RETURNED WITH PAYMENT

Please Print:				
Student Name_		E-mail		
Parent Name		E-mail		
Address		Student Birthdate		
Telephone # (_)	Cell # ()		
	\$60 1st week of school only! If signed agreement and payment received on or before 9/04/2020. Free & Redu \$40 until June 13	R if mailed, must be postmarked ted without payment will not be a \$80 Sept 5, 20 (last school price Increases to \$100 March \$120 at the ced Lunch Students \$80 at the door	d BEFORE the effective price ccepted. 20 - March 26, 2021 I day before Spring break) ch 27 - June 13 ne door	
	-	to help offset Senior Gra	· · · · · · · · · · · · · · · · · · ·	
Pl	ease make checks payable to "UC Mail to: UCHS PTSA Senior Grac			

Code of Conduct Agreement

BY SIGNING THIS AGREEMENT, STUDENTS AND PARENTS HEREBY AGREE TO ALL TERMS FOR ACCEPTANCE INTO SENIOR GRAD PARTY.

Student, by signing this agreement on page 2 you understand & will abide by the following rules:

- 1. I must arrive between 9:00pm and 10:00pm. Picture ID is required for admittance.
- 2. I will not consume alcohol or other drugs the day of Senior Grad Party.
- 3. I will not bring alcohol, other drugs, e-cigarettes or tobacco to Senior Grad Party.
- 4. I understand that I will not be allowed to leave without parent/quardian permission.
- 5. Once I leave, I will not be allowed back into Senior Grad Party.
- 6. All containers (purses, backpacks, etc.) WILL BE EXAMINED & KEPT AT THE CHECK-IN AREA for safekeeping upon entering Senior Grad Party.
- 7. Senior Grad Party is *not responsible* for lost or stolen items.
- 8. I understand that inappropriate dress and dancing will not be allowed. The decision on propriety of dress and dancing is up to the Senior Grad Party adult chaperones.
- 9. I will not bring any medications (including No-Doz, etc.) to Senior Grad Party.
- 10. I waive all claims which I might have against the UCHS PTSA Senior Grad Party Committee and any volunteers involved in setting up and putting on the Senior Grad Party celebration, as a result of any injuries which may occur as a result of the Senior Grad Party celebration or my decision to leave early.

Furthermore, by signing this agreement on page 2, students & parent/guardian agree to the following:

- 11. UCHS Senior Grad Party is not responsible for me or my actions should I leave after I have checked-in and before the conclusion of Senior Grad Party, with or without parent/guardian knowledge or permission.
- 12. I/We give Senior Grad Party volunteers permission to use their judgment in obtaining medical services as required for me/my child. I/We give permission to medical personnel to treat me/my child with the understanding that any medical or hospital costs will be our responsibility.
- 13. I/We assume responsibility, including financial, for any and all damages and injuries to other graduates, the venue and Senior Grad Party volunteers caused by me/my child's actions during Senior Grad Party.
- 14. I/We understand that photos and video may be taken of me/my child at Senior Grad Party. I/We give Senior Grad Party permission to post pictures of me/my child on Smugmug.com (a password protected photo sharing website), the UCHS PTSA website, the UCHS PTSA/Senior Grad Party Facebook page and any other UCHS PTSA, ASB or other websites or promotions.
- 15. Ticket fees are not refundable, except in severe extenuating circumstances. In such circumstances, approval by Senior Grad Party Chair is required for refund.



PARENT'S APPROVAL AND STUDENT WAIVER

This is a PTSA sponsored event for which we require parental consent for every student.

11113 13 & 1	1571 sponsored e	vent for winer we require parental consent for e	very student.
Name of Minor	including te event on Jun has permissi	dission to participate in all events relating to UCHS Seaser events during the 2020-2021 school year, and the 15, 2021 held on the UCHS campus or another action to post my child's first name and last name initiater students who will be attending the event.	ne Senior Grad Party ecceptable location. SGP
show will consist of volunteers fro eligible to be hypnotized by the Mo	m the audience whental Illusionist. Po	al Illusionist is scheduled to be a part of the entertatho will be hypnotized. Unless indicated otherwise termission is also hereby granted for your child to book if you do NOT wish for your child to be hypnotically to be	e below, all students are be videotaped during the
□ No, I do not wish my child to be	in the show, but I g	give permission for my child to watch the show.	
activities. I hereby release and discha	arge the California S jury to the student, t	onnection with the student's participation in any and a State PTA, all PTSA officers, employees and agents fithe student's property, or parent's property in connec SA.	rom all liability, claims or
	be administered.	I belief said minor is in good health. In case of illness It is further understood and agreed that the under osts.	
I hereby advise that the above name should be made known to a treating p		e following allergies, medicine reactions or unusual pould limit participation:	physical condition which
If none, please write none.			
Parent/Guardian:			
	ior Grad Party be	called at the number below if your graduat efore 3:00am, unless you initial otherwise le.)	
(Initial) <i>I do <u>not</u> need</i> the end of Senior Grad Party.	to be called if n	my graduate does not arrive by 11 pm or w	ishes to leave before
agree to the above conditions. graduate will not be allowed immediately from the venue i understand that underage dri all claims which my child or I	I will be able to be admission into Soif he/she is suspinking is against might have agains gon the Senior G	te to participate in the Senior Grad Party at UCH be contacted during Senior Grad Party hours. *; Senior Grad Party and that I will be asked to pected of being under the influence of alcost the law and will not be tolerated at Senior st the UCHS PTSA Senior Grad Party Committed Grad Party celebration, as a result of any injurier raduate's decision to leave early.	I understand that my concept pick up my studen ohol and/or drugs. or Grad Party. I waiv tee and any volunteer
Phone # where you	can he reached di	uring Senior Grad Party Alternate Emerger	
·	each and every	statement on pages 1 and 2 of this form a	•
Chudant/a Nama - (Diaza - D.: 1)		Chudankla Ci	Dete
Student's Name (Please Print)		Student's Signature	Date
Parent/Guardian Name (Pleas	e Print)	Parent/Guardian Signature	 Date