

# KENNEDY GRAD NITE 2014

June 11-12, 2014

P. O. Box 247 • Cypress, CA 90630-0247 • (714) 886-9333

Ticket Purchase Agreement/Medical Release

STUDENT ID \_\_\_\_\_

Circle Size of shirt desired: T-Shirt: S M L XL 2XL 3XL

**THIS FORM MUST BE RETURNED WITH SIGNATURES FOR TICKET PURCHASE**

Please Print Clearly

Senior's Name: (First) \_\_\_\_\_ (Last) \_\_\_\_\_

Parent's Name: (First) \_\_\_\_\_ (Last) \_\_\_\_\_

### **CONTACT INFORMATION:**

Senior's cell phone: \_\_\_\_\_

Parent(s) home phone: \_\_\_\_\_ Parent cell phone \_\_\_\_\_

Alternate Parent phone: \_\_\_\_\_ Alternate Parent cell phone: \_\_\_\_\_

Other Emergency contact name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent email: \_\_\_\_\_

**If contact numbers change prior to the event please contact us with your new information.**

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### **MEDICAL INFORMATION:**

Physician name: \_\_\_\_\_ Physician phone: \_\_\_\_\_

Allergies or medical condition that may create an emergency: \_\_\_\_\_

Name of Medical Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

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## **STUDENT AGREEMENT**

I have read the rules for attendance and agree to behavior consistent with them. I understand and agree to the policies and provisions of my participation in Kennedy Grad Nite. I agree not to carry into the party premises any materials or liquids which will affect my behavior and/or will have a detrimental effect on others' enjoyment of the evening. I also understand that once I enter the facility, I may not leave unless my parent or guardian personally arrives at the Grad Nite location to sign me out. **(This must be pre-arranged).**

**Signature of Senior:** \_\_\_\_\_

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Liability Release: I agree that the John F. Kennedy High School Grad Nite Booster Organization, Kennedy HS and/or the AUHSD will not be held liable for injury or illness incurred while in attendance at Grad Nite. In case if injury, and if unable to reach parents by phone, I understand that Grad Nite chaperones and/or school employees will seek medical assistance as deemed necessary (a parent must sign medical liability regardless of student's age). We recognize the advantage of Grad Nite and its purpose of saving lives by providing an alcohol-free and drug-free environment for our graduating seniors. With this understanding, we hereby voluntarily provide the John F. Kennedy High School Grad Nite Booster Organization, Kennedy HS and/or the AUHSD with this release of all claims and hold harmless agreement.

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

\_\_\_\_\_  
Date

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If you have questions, feel free to contact us at [info@kennedygradnite.org](mailto:info@kennedygradnite.org) or leave a message at (714) 886-9333.

Note: This form can be submitted during any Grad Nite ticket sale or can be mailed to  
Kennedy Grad Nite, P. O. Box 247, Cypress, CA 90630-0247