

KENNEDY HIGH SCHOOL GRAD NITE 2019 TICKET PURCHASE AGREEMENT/MEDICAL RELEASE

(This form must be returned with all signatures for ticket purchase)

Senior's Name: (First) _____ (Last) _____

Parent's Name: (First) _____ (Last) _____

Student ID # _____

Size of Grad Nite t-shirt desired: S M L XL 2XL 3XL (please circle one)

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.

MEDICAL INFORMATION:

Physician name: _____ Physician phone: _____

Allergies or medical condition that may create an emergency: _____

Medical Insurance Carrier _____ Policy # _____

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 with the KHS Grad Nite Committee).**

Signature of Senior: _____

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

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

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

NO REFUNDS WILL BE ISSUED AFTER 12/14/2018.