_____
Last Name , First Name

Mira Costa High School
G.R.A.D. Nite 2011

Graduates **R**esisting **A**lcohol & **D**rugs Booster Club
P.O. Box 1079 Manhattan Beach, CA 90267-1079
Tax ID# 95-4786227

Consent and Release

A parent or guardian whose graduate is participating in GRAD Nite 2011 must complete this form. Return it with your payment. **Your grad will not be allowed to board the bus for GRAD Nite without this form.**

I hereby give permission for my son/daughter (print full name of graduate) _____ *to participate in GRAD Nite 2011 on June 23, 2011. I understand all graduates will be transported by bus from Mira Costa High School to the GRAD Nite location and will return back to Mira Costa High School at approximately 5:00 a.m. I understand that there may be a photographer and/or videographer at the event who will be taking digital pictures or otherwise filming the event and give consent to the photographing or filming of my son/daughter in connection with this event. Some activities at GRAD Nite may pose an element of risk as in any adventure, sport or activity associated with indoor or outdoor use of games and activities. I understand this and agree to hold harmless and indemnify the MCHS GRAD Nite Booster Club and the MCHS PTA, their board members and volunteers, their contractors and vendors, and the Manhattan Beach Unified School District, its board members, employees, agents, and volunteers from any and all claims or liability resulting from or arising out of GRAD Nite 2011. All graduates will follow the same Code of Conduct rules that are enforced during school activities. I understand that this is not a school-sponsored event.*

I agree that the following parents/adults will be available in case of emergency from Thursday, June 23, 2011, 8:15 p.m. until Friday, June 24, 2011, 5:00 a.m. One non-parent adult must be available. (Please print)

Name _____ Can be reached at this phone #_____

Name_____ Can be reached at this phone #_____

If I, or the persons listed above, cannot be reached, medical care may be obtained from local emergency personnel unless I have checked "No." No _____

My son/daughter has my permission to have in his/her possession the prescription medicine listed below and/or on the back of this form, which medicine has been presribed by a medical doctor and for which I have previously obtained clearance from the school nurse for Mira Costa High School. If the appropriate paperwork for this medicine is not currently on file with the school nurse, I will provide a written note from the medical doctor prescribing this medicine to Paula Spence at least five days prior to the date of GRAD Nite. This medicine will be presented at the screening table when the student arrives to check in. Medicines (list additional medicines on additional paper):_____. (Also please indicate if your son/daughter has other special needs which must be addressed. You may attach paper if necessary.)

STUDENT: *I understand and agree to abide by the Rules & Policies for GRAD Nite 2011. I agree not to carry onto the premises any liquid or material that will affect my behavior and/or will have an adverse effect on others' enjoyment of the evening or which would otherwise be in violation of the Rules & Policies. I understand that once I have checked in at GRAD Nite 2011, I cannot leave.*

Student name (please print) _____

Student signature _____

PARENT: *I have carefully read all materials and agree to the terms and conditions of this Consent and Release form and the Rule & Policies for GRAD Nite 2011.*

Parent/Guardian Signature _____ **Phone** _____
Address _____ **City** _____

Please return this form with your payment. Thank you.

For questions, please email us at laurel.wright@verizon.net or see our website: mchsgradnite.com

FOR ADMINISTRATIVE USE ONLY:
CHECK FROM: _____ CHECK NO._____ CHECK AMOUNT:_____
or paid by cc (name):_____date:_____amount:_____