

2200 Dolothy Lane, Fullerton, CA 32031

TROY GRAD NITE STUDENT AGREEMENT Thursday May 25, 2017

I understand and agree to the policies and provisions for my participation in **Grad NiTE** for Troy High seniors. I understand the event is taking place off campus and participants will be transported to Grad Nite event by bus only. (no exceptions) I agree not to carry onto the buses and 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 party area, I may not leave unless my parents or guardians are called to pick me up because of my inappropriate behavior or in case of emergency. Once I leave, I may not return. I agree to the provisions of this contract and am looking forward to enjoying a safe, spectacular, and memorable event. I also agree to being searched before getting onto the bus. I **will not** be under the influence **of alcohol or drugs**.

Date

Student Name (Printed):

Student Signature		
	te location can pick up information when dropping off in 9:30 P.M. prompt in the North Gym of Troy High S	School
	o have a coat check at D&B for their belongings but	
	PURSES, WALLETS, BACKPACKS ETC.	
	Il be given to one of our assigned adult volunteers).	
	leave their cars at Troy High School. Parents/Guardians, tudent at Troy High School. Pick-up will be 5:30 A.M. or	n Friday
	RENT AGREEMENT	uuy
	ed graduate to participate in Troy Grad NiTE on	1
	Graduation and Buses will be leaving the s	
	e school on Friday May 26, 2016 at 5:30 A.I	
	us at a site selected by the Grad NiTE Committ	
participants will be transported to and f		
	BY THE TROY HIGH GRAD NITE COMMITTEE AN	ND IS NOT A
SCHOOL OR DISTRICT-SPONSORED ACTIVI	ITY. NEITHER THE FULLERTON JOINT UNION I	HIGH SCHOOL
	TEE CAN BE HELD LIABLE FOR ANY INJURIES (OR DAMAGES
ARISING FROM THIS EVENT." <mark>SORRYN</mark>	O REFUNDS and Non-transferable	
Barant/Cuardian Full Nama (Brintad)		
		<u></u>
Parent/Guardian Signature	Date	
Home Phone #	Cell Phone #	
	GENCY INFORMATION	
	Phone #	
Address		
Allergic to		
<u>During Grad NiTE parent/guardian can</u>	be reached at:	
Nearest Relative or Friend:	Phone #	
Plazes circle choice: I do / do not wich	to be t	troated for a
		ireateu ioi a
medical emergency.	Students name	
	Parent/Guard	ian signature

YOUR STUDENT WILL NOT BE ABLE TO ATTEND GRAD NITE WITHOUT THIS COMPLETED FORM ON FILE.

Scholarship full and partial opportunities are available