

## TROY HIGH SCHOOL GRAD NITE STUDENT AGREEMENT Thursday, May 31, 2018

I understand and agree to the policies and provisions for my participation in **Grad Nite** for Troy
High School seniors. I understand the event is taking place off campus and participants will be transported to the 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 event. I also understand that once I enter the venue, I may not leave the venue unless my parents or legal guardian(s) are called to pick me up due to 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 and memorable event. I also agree to a physical search by Troy High School personnel and/or parent volunteers before getting onto the bus. I **will not** be under the influence **of alcohol or drugs at any time during Troy Grad Nite.** 

Student Name (Printed): \_\_\_\_\_ Date\_\_\_\_

Student Signature				_
Student Signature  Parents can receive information ab  A secure coat check is available at Dave & Bust INHALERS will be given to one of our assigned plea	adult volunteers. Grad	duates are encoura		arked at Troy High School. Parents/Guardians,
	PAR	ENT AGREE	EMENT	
I hereby give permission for the above na <b>Troy High School Graduation. Buses Friday, June 1 at 5:30AM.</b> I understan <b>participants will be transported to/fr</b>	nmed graduate to person to see to person the second the event will be seen to see the second the event will be seen to see the second the secon	participate in T y <b>High Schoo</b> e held <b>off-can</b>	Froy Grad Nite on <b>Thur</b> I around 10:30PM. Bu	uses will return to the school on
"THE GRAD NIGHT EVENT IS ORGAN OR DISTRICT-SPONSORED ACTIVITY NIGHT COMMITTEE CAN BE HELD LI PURCHASED FOR GRAD NITE ARE NO	. NEITHER THE IABLE FOR ANY ON-REFUNDABLI	FULLERTON INJURIES OR E AND NON-T	JOINT UNION HIGH S DAMAGES ARISING I RANSFERABLE.	SCHOOL DISTRICT NOR THE GRAD
Parent/Guardian Full Name (Printed) _				-
Parent/Guardian Signature			Date	-
Home Phone #	Cell Phone	e#		
	<b>EMERG</b>	ENCY INFO	RMATION	
Doctor	Phone #			
AddressAllergies				
During Grad Nite a parent or legal gua	ardian can be rea	ched at:		
Nearest Relative or Friend:				
Please select option: I do / do not wish			to be treated for a	a medical emergency.
	(Student's 1	name)		
				Parent/Guardian Signature

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