

LHHS GRADNITE 2024 PERMISSION SLIP

Universal Studios Hollywood

Friday May 31st, 2024

Student Agreement

I understand and agree to the polices and provisions for my participation in **GradNite** for La Habra High School senior graduating class of 2024. I understand the event is taking place off campus. I agree not to carry into the party premises any materials or liquids, which will affect my behavior and/or will have a 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 an emergency. Once I leave, I may not return. I accept that NO guest will be allowed to enter **GradNite**. The event is for LHHS Graduating Class of 2024 only. 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 La Habra High School parent volunteers before entering Universal Studios. **I will not** be under the influence **of alcohol or drugs at any time during La Habra High School GradNite.**

Student Name (Printed) _____ Date _____

Student Signature _____

Parent Agreement

I hereby give permission for my graduate to participate in the La Habra High School GradNite on Friday, May 31st, 2024. I understand the event will be held off campus at Universal Studios Hollywood. We have discussed the GradNite rules & expectations agree to them. I understand that my graduate will be transported to and from the GradNite Event by bus transportation.

***** THE GRAD NITE EVENT IS ORGANIZED BY THE LA HABRA HIGH SCHOOL GRAD NITE COMMITTEE AND IS NOT A SCHOOL OR DISTRICT-SPONSORED ACTIVITY. NEITHER THE FULLERTON JOINT UNION HIGH SCHOOL DISTRICT NOR THE GRAD NITE COMMITTEE CAN BE HELD LIABLE FOR ANY INJURIES OR DAMAGES ARISING FROM THIS EVENT. TICKETS PURCHASED FOR GRAD NITE ARE NON- REFUNDABLE AND NON- TRANSFERABLE**

Parent/Guardian Full Name (Printed) _____

Parent/Guardian Signature _____ Date _____

Email: _____ Cell Phone # _____

EMERGENCY CONTACT INFORMATION

Doctor _____ Phone # _____

Allergies _____

During GradNite a parent or Legal Guardian can be reached at:

Name: _____ Cell Phone # _____

An alternate relative in case a parent/Legal Guardian cannot be reached:

Name: _____ Relation _____ Phone # _____

Please select an option: I do / do not wish _____ to be treated for a medical emergency.

(Graduates Name)

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

Turn into room 17